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Chemist&Druggist
The Newsweekly for Pharmacy

C&D

19 January 2002

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Membership challenges Society's role

Napp's OFT fine cut by £1m on appeal

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The Newsweekly for Pharmacy

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Pharmacists to have places by right on LHBs

Pharmacists in Wales are to have places on local health boards (LHBs), health minister Jane Hutt has confirmed.

Pointing out that some pharmacists already chaired the local health groups (LHGs), she stressed that pharmacists would have places as of right on LHB structures coming into force in 2003, when health authorities are abolished and the renamed LHGs assume greater powers.

"Community pharmacy is top of my agenda," she said on Monday. "With the policies we are trying to raise, community pharmacy has to be at the forefront."

Ms Hutt added that pharmacy was part of the primary care team, and that medicines management was a critical part of healthcare.

She was speaking at the Vale Pharmacy in Llantwit Major, South Glamorgan, owned by National Pharmaceutical Association Board member Andrew Gush. Ms Hutt said she appreciated the positive ideas put forward by Mr Gush and fellow NPA Board member Richard Evans as she toured the pharmacy.

She said Mr Gush's pharmacy was a model which could demonstrate how pharmacy could contribute to healthcare, as well as being a central part of the community. The pharmacy has been piloting the UniChem CPI+ business support programme. Among the features of Vale Pharmacy she singled out were the commitment to training, provision of health information (including a touch screen system) and counselling, all of which she thought had a role in preventing ill health.

During their discussion with the minister, Mr Gush and Mr Evans stressed that pharmacy services would need funding appropriately. They said that Ms Hutt had acknowledged this, but also saw the possibilities of how pharmacists could help take some of the workload off other health professions and relieve pressure on hospitals.

Andrew Gush (left) explains to Health Minister Jane Hutt, Assembly Member for Vale of Glamorgan, how patient medication records incorporate over the counter medicines at the Vale Pharmacy, Llantwit Major, as his NPA Board colleague Richard Evans looks on

PGD use set to increase

Patient group direction legislation is to be extended to include health professionals working in areas such as prisons, defence and the independent sector.

The Medicines Control Agency consultation letter MLX 278 also proposes a list of legal requirements for PGDs within the private sector. The aim is to ensure consistency of guidance on the development, use and review of PGDs between the NHS and the private sector.

The extension of PGDs would apply to the whole of the UK and include those provided:

- within the UK prison and police custody services
- by the Defence Medical Services
- by independent hospitals, clinics and agencies as defined in the Care Standards Act 2000, the Regulation of Care Act (Scotland) 2001 and equivalent arrangements in Northern Ireland.

PGDs currently operate in an area where there is legal uncertainty about whether they comply with the law, said the MCA. There is potential for persons supplying medicines under PGDs to be liable for a criminal offence under the Medicines Act 1968.

Some PGDs have merely been general guidelines, which are not specific about clinical criteria, referral requirements, details of medicines or review arrangements, said the MCA. The legislative changes will exclude unlicensed medicines from being provided under PGDs.

Controlled drugs are currently excluded from the scope of PGDs but this is set to change. The Home Office has obtained agreement in principle from the Advisory Council on the Misuse of Drugs on proposals to allow the use of non-injectable substances on Schedule 4 (with the exclusion of anabolic steroids) and Schedule 5 to be included in PGDs. The agreement also covers the use of diamorphine under PGDs by specialist trained nurses in Accident and Emergency departments and in coronary care units.

The MCA plans to implement the changes this year. Comments should be sent by April 10 to Anne Ryan, MCA 16-142, Market Towers, 1 Nine Elms Lane, London SW8 5NQ.

For more information:

www.mca.gov.uk

E-mail: anne.ryan@mca.gov.uk

Simpson says Society is being 'hijacked'

Douglas Simpson: "The Council has not asked us. It is just doing it all"

Former *PJ* editor Douglas Simpson has strongly criticised the Royal Pharmaceutical Society's neglect of its role as a professional association.

"The Society seems hell bent on positioning itself as a regulatory body and playing down its role as a professional association and as a champion for the profession," he told the RPSGB's Dorset branch in Bournemouth on January 10.

"It is being hijacked in front of our very eyes and the Council is using our money to do it. The Council has not asked us. It is just doing it," he declared.

Mr Simpson recalled that the Society's president, Marshall Davies, had said at last year's British Pharmaceutical Conference that the Society's over-riding duty must be the public interest.

Mr Davies had quoted the Society's Charter obligation to maintain the honour, and safeguard and promote "the interests of members in their exercise of the profession of pharmacy" and had then dismissed it, implying that it was no longer of prime importance.

Mr Simpson said: "This line of thinking is quite wrong. The Charter underpins the Society and cannot be ignored."

A recent leader in the Society's journal had claimed that the RPSGB was not a membership organisation. The article showed that the *Journal* now "shared the wrong-headedness" of the Lambeth establishment, he said.

Mr Simpson urged the Council to lay out its plans before a special general meeting.

Pharmacist Beth Taylor (fourth right), a member of the NHS Modernisation Board, was among representatives meeting the Prime Minister Tony Blair, Health Secretary Alan Milburn and NHS chief executive Nigel Crisp last week. The Modernisation Board was presenting its first annual review of progress made in delivering the NHS Plan. Ms Taylor described the hour long meeting, which took place in the Cabinet Room at 10 Downing Street, as 'constructive and interesting", and Mr Blair demonstrated that he understood issues surrounding the NHS Plan

ONLINE

Pharmacy Forward to challenge RPSGB

A website called Pharmacy Forward is asking pharmacists to vote online if they believe the Royal Pharmaceutical Society should continue to be a membership organisation.

Pharmacy Forward is campaigning to separate the RPSGB from the Statutory Committee and inspectorate, so that the Society can focus on representation.

"The fundamental aim is to protect the Royal Pharmaceutical Society. If the membership wish to retain the Society for the interests of pharmacists, efforts need to be made to ensure this happens," said Anthony Cox, one of the pharmacists involved.

"The recently appointed Modernisation Steering Group's remit appears not to address the membership role of the RPSGB, or perhaps is deliberately avoiding it. The current leadership apparently wishes the Society to be a regulatory body, with a continuing professional development role," Mr Cox said.

"The next Council elections are an opportunity to send a message about the importance of the membership role of the Society."

Pharmacy Forward also calls for regionally elected Council members and a directly elected president. The online poll closes at the end of next week.

For more information:
www.pharmacyforward.org

C&D

Only two weeks to go...

There are only two weeks left to get your shopfit recognised with a Platinum Design Award and win a share of £5,000 prize money.

The Platinum Pharmacy Design Awards, co-sponsored by *C&D* and Ceuta Healthcare, are open to anyone who has designed, refitted or redeveloped a pharmacy between January 2000 and December 2001.

As well as a share of the £5,000 prize fund, you will be in with a chance to win a luxury holiday for two. The closing date for entries is February 1. *For more details on how to enter, see the advertisement on p43.*

PRACTICE

GP concern over MDS

Vulnerable patients will be put at risk by a handling charge on monitored dosage systems being introduced by Boots The Chemists, according to the lead story in last week's *BMA News*, a weekly newspaper sent to doctors.

GPs have become aware that Boots is charging £3 a week to patients who use its Medisure scheme, even though they were advised of the fee, which came into operation this month, when the scheme was launched in June 2001. The charge does not apply to MDS supplied to residential and nursing homes.

The Medisure scheme offers MDS to patients living at home who use Boots' dispensing services (*see C&D June 23, 2001 p4*).

Boots, along with LPCs, has been seeking funding from local commissioning bodies to pay for MDS services. "Locally arranged schemes are coming on stream as they are negotiated," said a Boots spokesman. Schemes are operating in "several areas", including one in Harrogate which is open to all paid contractors.

Leeds Local Medical Committee has written to the city's MPs urging them to take the matter up with the Department of Health.

EHC survey

Pharmacy Alliance, the medicines management subsidiary of UniChem, has begun a survey of more than 2,000 pharmacists about their views on the use of Emergency Hormonal Contraception (EHC). Questionnaires have been sent to all members of Alliance Pharmacy, Moss Pharmacy and UniChem's CPI scheme (Community Pharmacy Initiative). Responses are expected by mid-March.

During a second phase, 250 of the survey pharmacists will ask customers purchasing EHC to complete a questionnaire in order to get their views on the current supply system and any needs they may have.

The survey, which follows an earlier study in March 2000, is funded by an educational grant from Schering Health Care Ltd.

Boots searches for top pre-reg

Boots The Chemists has launched an award scheme to find the company's Pre-registration Graduate of the Year.

Graduates will be assessed on the quality of their coursework and their commitment to patient-centred care in the community, and the overall winner will be presented with holiday vouchers.

Schering Award up for grabs

Nominations for the College of Pharmacy Practice's 2001 Schering Award need to be in by February 22.

The award, established in 1986, is presented annually to a pharmacist who has made an outstanding contribution to pharmacy practice.

Nominations for the award, which is supported by Schering Health Care, should be made in writing to the chief executive of the CPP. For more information: The College of Pharmacy Practice, Tel: 024 7669 2400.

NI drugs Rules

The changes in the Misuse of Drugs Regulations in Great Britain (*C&D January 12, p8*) are also being made in Northern Ireland under the following Statutory Rules: The Misuse of Drugs (Designation) Order (Northern Ireland) 2001 (SR 2001 No. 431) and the Misuse of Drugs Regulations (Northern Ireland). These SRs come into effect on February 1. Copies are available from The Stationery Office, 16 Arthur Street, Belfast BT1 4GD or viewed on *www.hmso.gov.uk*.

'We need pharmacy input into NHS direct'

Pharmacy input into NHS Direct is being sought by the Royal Pharmaceutical Society.

Pharmacists wishing to sit on guardian groups, which will have responsibility for the ongoing review of the clinical content of the algorithms used in the NHS Direct and NHS 24 clinical assessment system, should apply to Nigel Graham, the Society's head of practice by February 4.

Applicants must be able to demonstrate:

- a thorough understanding of community pharmacy and possess a broad background
- have experience of working in multidisciplinary teams
- have critical evaluation, verbal and written communication skills
- be able to champion the multi-sectoral contribution of the profession.

A post-graduate qualification in clinical pharmacy would be an advantage. Pharmacists with special expertise in a particular area should specify this in their application.

Successful candidates would be expected to attend at least four meetings per year. Travel and locum expenses will be reimbursed.

For more information:

E-mail: *ngraham@rpsgb.org.uk*
Tel: 0207 572 2406.

PRESCRIBING

Methadone prescription rules 'need changing'

Controlled drugs regulations are making it difficult for pharmacists to provide a service to drug users that benefits patients and society, a House of Commons select committee has been told.

Christine Glover, immediate past president of the Royal Pharmaceutical Society, told the Home Affairs Select Committee, which is investigating the Government's drug policy: "Regulations governing the dispensing of methadone prescriptions are out of date and are not adequate for the numbers of prescriptions being dispensed today."

Mrs Glover, who was accompanied by Marion Walker, substance misuse services co-ordinator from Berkshire Healthcare NHS Trust, called for the rules barring electronically generated prescriptions for methadone to be changed to help pharmacists continue to manage the dispensing of a million prescriptions a year. She also said that the need to keep handwritten records was creating an intolerable workload and was a barrier to sharing information across the team.

The Committee asked Mrs Glover how the reduction in the NHS dispensing fee would affect pharmacists providing a methadone service. She replied: "In many instances pharmacists are the unsung heroes of healthcare. They are providing a challenging, complex and time-consuming service and they may well feel that the rug has been pulled from under them."

Immediate RPS past president Christine Glover, (right), and Marion Walker, from Berkshire Healthcare NHS Trust: controlled drug regulations are making it difficult for pharmacists to provide a service to drug users that benefits patients

Dr Claire Gerada, drugs spokeswoman for the Royal College of General Practitioners, told the Committee that GPs do not want to prescribe more heroin to drug addicts.

Dr Gerada said: "It is the belief of the RCGP that there would be no added value from GPs prescribing heroin to their patients. Heroin has a low therapeutic index and in a naive user or a user who has lost their tolerance it is rapidly fatal in overdose."

She also pointed out the cost of prescribing heroin: "A year's treatment with methadone is around £2,000. The equivalent for heroin is around £10,000 to £15,000. These costs... must be taken into account in today's overall NHS priorities."

Questiontime

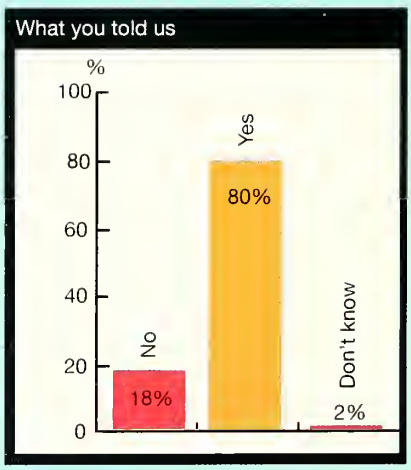
Is the locum shortage as bad as it was last summer, or is it improving ?

- as bad
- improving
- don't know

You can record your vote on our website: *www.dotpharmacy.com*. Question Time appears on the home page. Select your answer and then click on the "vote" box. Your answer is automatically collated.

You have until noon on January 22 to cast your vote. We will publish the result in *C&D*, January 26.

Last week we asked you: Do you think a new independent membership organisation should be set up to represent community pharmacists' interests in the UK?



POLICY

Infections agency established

The National Infection Control and Health Protection Agency has been newly established to streamline services involved in the prevention and control of infectious diseases.

The new agency is a recommendation of *Getting Ahead Of The Curve: A Strategy For Combating Infectious Diseases*, which was published by the Department of Health last week.

For more information:

www.doh.gov.uk/cmo/publications.htm

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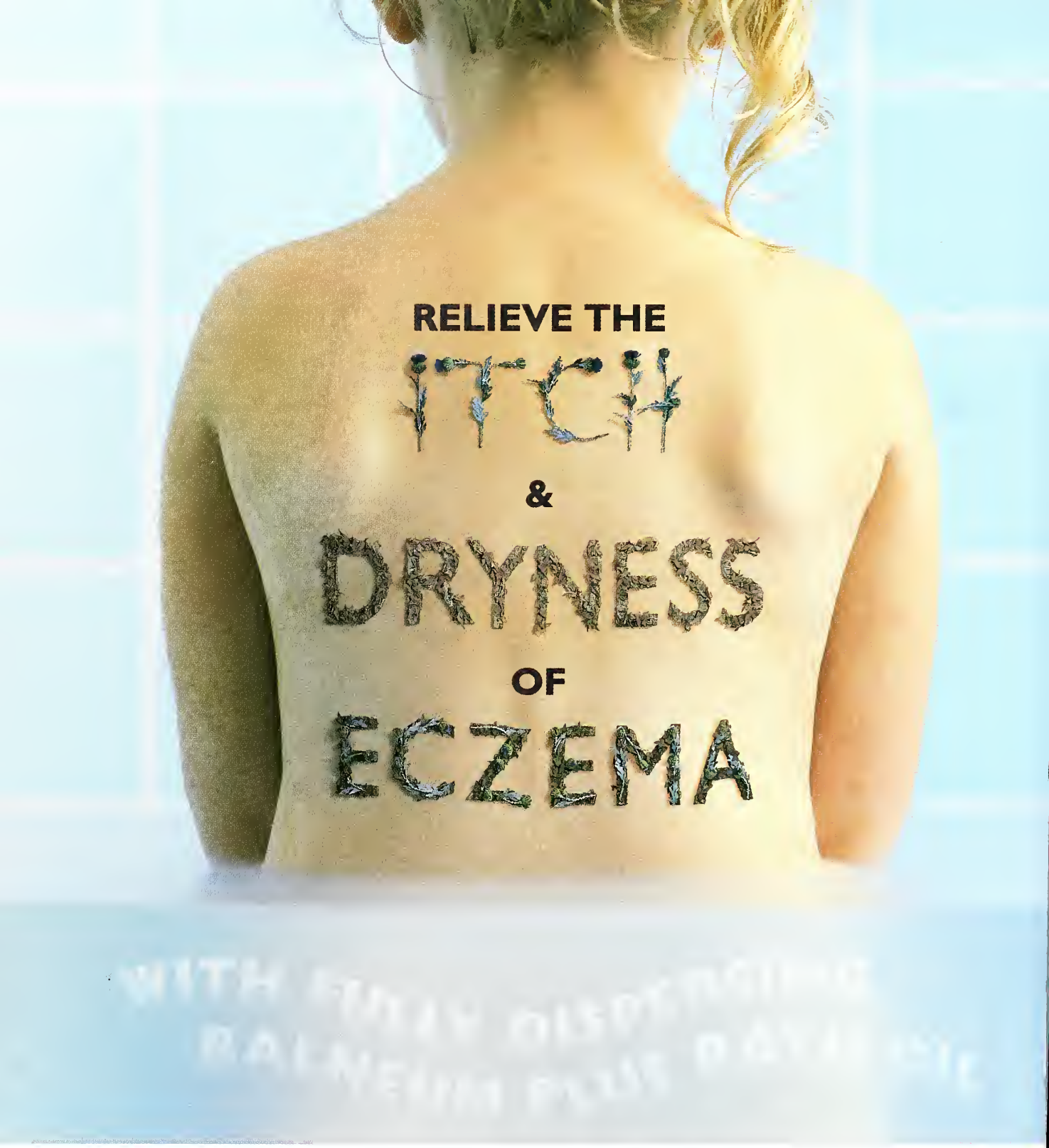

Eczema is both dry and itchy. The itch is the worst aspect of living with eczema.[1,2]

- Balneum Plus is a dual-action, anti-pruritic emollient bath oil.
- Lauromacrogols in Balneum Plus provide enhanced anti-pruritic activity against itch.
- Soya oil contained in Balneum Plus replaces oils lost by the skin.[3]
- Fully dispersing Balneum Plus gives all over emollient protection from the moment the patient steps into the bath.

So when you need an emollient bath oil for patients with eczema, remember Balneum Plus Bath Oil. It's ideally suited for the relief of both the dryness and itch of eczema.

Balneum® Plus

Soya oil, lauromacrogols

A fully dispersing bath oil for eczem

Prescribing Information **Balneum® Plus** An oily liquid for external use containing soya oil 82.95% w/w. and mixed lauromacrogols 15% w/w. **Uses:** For the treatment of dry skin conditions including those associated with dermatitis and eczema where pruritus is also experienced. **Dosage and Administration:** Normally 20ml (1 measure) for a full bath or 2.5ml for a partial bath. If required, this can be increased to 2-3 times this amount. Add to bath water and mix well. Frequency and duration of application depend upon the type and severity of the condition. Adults should use the bath oil frequently, at least 3 times per week. For babies and infants a 5ml measure for a bath and daily application is recommended. Balneum Plus can also be used in the shower by applying evenly without dilution and rinsing away excess by showering. **Contraindications, warnings etc:** Contraindicated in patients hypersensitive to any of the ingredients. Care should be taken to guard against slipping in the bath or shower. Avoid contact of undiluted product with eyes; if this occurs, rinse immediately with water. **Package quantities:** Bottles of 500ml. **MRRP cost:** £13.22. **Legal category:** GSL. **Product licence number:** 00327/0110. **Product licence holder:** Crookes Healt Nottingham, NG2 3AA. **Date of Preparation:** November 2000. **Referen**

1 Cork MJ. Complete Emollient Therapy. In: The National Association of Fundholding Pr Yearbook, 1998. 2. The Independent Community Pharmacist 1999; April:52. 3. Kopeka B and Borelli S. *Praxis* 1964; **53**(48):1630-32.

CHCSK00197 **CROOKES HEALTHC**

Napp's fine cut by £1m on appeal

The Competition Commission Appeal Tribunal has reduced Napp Pharmaceuticals' £3.21 million fine by nearly one third (£1m).

The Office of Fair Trading fined Napp last March because the company had abused a dominant market position to offer highly discounted hospital prices for its sustained release morphine tablets (MST Continus). These were up to 90 per cent below the market price and Napp, according to the OFT, had breached the Competition Act 1998 *(see C&D April 7, p24.)*

While upholding the substance of the OFT's decision, the Tribunal noted that:

- Napp had complied with the Pharmaceutical Price Regulation Scheme (PPRS)
- there was not a precedent for Napp's type of infringement
- parts of the OFT's case had not been "expressed consistently"
- some OFT guidelines which Napp had relied on were not drafted clearly.

It also upheld the Director General of Fair Trading's decision to lower the NHS price of MST tablets by 15 per cent, while the hospital price should not be less than 20 per cent of the new NHS price.

Napp's managing director, John Brogden, said the ruling was extremely disappointing.

"The legal and economic issues raised in the OFT's case against us were very complex, and the right answers to some of the issues are far from obvious. The Tribunal's ruling takes a very hard line," he said.

Other pharmaceutical companies, he added, would now consider the implications of the ruling for the PPRS and for the research-based industry in general.

Napp may yet appeal against the Tribunal's decision.

For more information:
www.competition-commission.org.uk/appeals

EDUCATION

Pharmaceutical Research Centre opens

A £3.5m purpose-built pharmaceutical research centre has been opened at the City Hospital campus of Belfast's Queen's University, aimed at underpinning undergraduate education with high-quality research.

The McClay Research Centre for Pharmaceutical Sciences, a four-storey building, will include research laboratories, an open lobby area, seminar rooms as well as a new reception and administration centre.

The building, which is adjacent to the School of Pharmacy's original building, was financed by the McClay Trust, making it the first such centre to be funded entirely through charitable donations.

The Trust, established by Dr Allen McClay in 1997, supports research in Queen's Schools of Chemistry and Pharmacy.

Dr McClay is the founder of Galen Holdings.

The McClay Research Centre for Pharmaceutical Sciences, Belfast

INDUSTRY

Bayer appoints new general manager

Wolfgang Plischke (pictured left) has been appointed general manager of Bayer's Pharmaceuticals Business Group, with responsibility for the company's global prescription drugs business.

He succeeds Dr David Ebsworth, who has left Bayer by mutual agreement.

Mr Plischke is currently president of the Pharmaceuticals Business Group in North America, a role he will only relinquish once a successor has been found.

Meanwhile, Bayer's chief executive told the *Süddeutsche Zeitung* that talks about a possible partnership deal for the company's healthcare subsidy, which combines the pharmaceutical, diagnostic and consumer care divisions, were ongoing and in one case well advanced.

However, no further details were revealed and a spokesman for Bayer said the partnership deals did not necessarily relate to the pharmaceutical business.

CC to examine Coloplast move

The £80 million acquisition of SSL International's continence care business by Coloplast A/S has been referred to the Competition Commission *(see C&D October 6 2001, p10)*.

The move, by competition minister Melanie Johnson, follows the recommendation by the Director General of Fair Trading (DGFT), which is concerned that this merger has reduced competition within the sector and raises the possibility of price increases. The CC is due to report by 13 May 2002.

Data protection register number

Due to a misprint on the data protection register's website an incomplete telephone number was published in last week's *C&D*. The full number for the notification hotline is 01625-545740.

Entrepreneur of the Year sought

Pharmacists wanting to follow in the footsteps of Vijay and Bikhu Patel of Waymade Healthcare, Edwin Bessant and Annette D'Abreo of Ceuta Healthcare or Bioglan's chief executive Terry Sadler, can enter the Ernst & Young Entrepreneur of the Year award.

Application forms are available by phoning 0845 604 1012 or online at *www.eoy.co.uk*. Nominations close on March 8.

New-look Phoenix invoices

Phoenix Healthcare Distribution is introducing new invoices and statements.

Products on the invoices will be listed alphabetically to facilitate the checking process. The form also includes a tear-off slip, which should accompany any returns.

Changes to the statement form are aimed at giving pharmacists a clearer picture of their trading terms, the purchase analysis and VAT.

The new forms seen below, will be introduced UK-wide over the next two months.

BR Pharmaceuticals' new premises at West Park, Leeds. A big Valupak sales demand has made the move vital

Surge in demand leads to move for BR

BR Pharmaceuticals has moved to new office and warehouse premises, a step said to be largely driven by a surge in demand for its Valupak range of vitamin and mineral supplements.

Valupak sales have increased by 57 per cent over the last year, making a tripling of the floor space necessary. The company now produces around 300,000 units per month across the Valupak range.

The 1,300m² premises are at Clayton Wood Close, West Park, Leeds, LS16 6QE. BR will be recruiting around six additional staff for a new night shift (probably 6pm to 1am).

The company has also renewed its distribution contract with the Miles Group for a further three years.

Independent pharmacists will be serviced by Frontline's contract sales force, a division of the Miles Group, while national accounts will be handled by Miles Group's national sales team.

For more information:
BR Pharmaceuticals (customers sales)
Tel: 0113-2750000.

POLITICS

MPs may look at GSK stance on PIs

GlaxoSmithKline's hardline stance on parallel imports *(see C&D December22/29 2001, p12)* could be investigated by the House of Commons Health Select Committee as it looks into the relationship between pharmaceutical manufacturers and the NHS.

David Hinchliffe, MP for Wakefield and chairman of the Committee, said there were complex issues surrounding the new GSK policy on PIs, giving rise to some serious concerns.

While he would like the committee to take up the issue, Mr Hinchliffe would not pre-empt its decision by speculating about the scope of a possible inquiry. A formal inquiry is unlikely to start until at least April.

The Health Select Committee is currently hearing evidence on the performance of the National Institute for Clinical Excellence.

FINANCE

Fund set up by pharmacist tumbles

A growth fund set up by pharmacist Jayesh Manek has fallen by more than 41 per cent in value during the year to December 24, far worse than the industry average of 19.2 per cent.

The downturn in the economy, and especially the dot.com sector, has led to the unit price for the £120 million Manek Growth Fund falling from £1.60 to £1.09 within a year.

The fund was launched amid great hype four years ago at a unit price of £1 and within two years had tripled its value.

Asked about possible mistakes in the choice of companies he invested in, and about why no action was taken over the funds, Mr Manek said the nature of unit trusts meant that one could not simply cash in the fund.

However, he said he had now adopted a more defensive strategy and that the unit value remained above the launch value.

"Any aggressively managed growth fund such as ours can perform extremely well in an up-market economy. But in a down-market scenario it can fall more than the average," he said.

He admitted that the last two years had been bad, but claimed that the fund's fortunes would turn and it would remain buoyant for at least three years.

He was unable to confirm how many pharmacists were among the investors.

WHEN CUSTOMERS ARE AT HIGHER RISK OF DEVELOPING DVT

New Class 1 Flight Socks from Scholl. Prepare for take off.

Compression hosiery is now a recognised preventive measure against developing DVT on flights of four hours or more, as it helps counteract possible circulatory problems that may be caused by cramped seating, dehydration and lack of exercise.[1,2]

Scholl the No.1 brand in Compression Hosiery now offers a range of easy to wear Flight Socks suitable for men and women of all ages. In addition to Scholl Flight Socks (10mmHg), Scholl have now introduced New Scholl Flight Socks Class 1 (14-17mmHg) for those customers at a higher risk.

In its on-going commitment to category growth, Scholl will be supporting the brand with a programme of consumer education and awareness including national press advertising and public relations. Look out for your SSL representative for full details.

Approved by The Aviation Health Institute

Who is at higher risk? Everyone is at risk, including those with no previous history of leg swelling (oedema). However, based on the House of Lords Select Committee on Air Travel and Health[4] the following risk factors are considered to increase the chances of a DVT developing: Personal or family history of blood clots, age over 40, pregnant women and those who have recently given birth, female hormone medications including contraceptive pill and HRT, height over six feet tall or under five feet, obesity, former or current malignant disease, varicose veins, heart disease, recent surgery or injury, especially to lower limbs or abdomen, inherited or acquired blood clotting defect e.g. factor V Leiden, prolonged immobilisation. If you are at all concerned about your customer please refer them to a GP or Practice Nurse for further advice as they may wish to prescribe a higher level of compression or additional prophylaxis. **References:** 1 Giangrande P. (1999) Thrombosis and Air Travel, Aviation Health Institute, Oxford. 2 Aerospace Medical Association (1997). Medical Guidelines for Airline Travel, Virginia. 3 Data on file. 4 The predisposing factors to DVT as identified by the House of Lords Select Committee on Science and Technology 5th Report on Air Travel and Health

Scholl

THE LEADING NAME IN COMPRESSION HOSIERY

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Viagra taken to help golfing pals

A 63-year-old pharmacist took over £1,000 worth of Viagra from his pharmacy for use by himself and some friends at his local golf club, a disciplinary inquiry heard recently.

Michael Allen, of Flasketon, Woodbridge, Suffolk, is a director and superintendent pharmacist of Tranby Investments Ltd, which owns two pharmacies, in Wickham Market and Framlingham, Suffolk. Mr Allen was trying to help friends with their "libido problems".

Geoffrey Hudson, for the Royal Pharmaceutical Society, told its Statutory Committee that 204 tablets were unaccounted for and "Mr Allen, by his own admission, supplied all those 204 tablets to a number of patients without prescriptions.

"His explanation to the Society inspector was that he had received requests from a good friend who had libido problems and he decided to help him."

Mr Allen went on to do the same for four or five other golfing friends, giving out two or three tablets on a three-to-four weekly basis over four months.

Insisting he did not profit from the supply, Mr Allen told the hearing that he personally had used 150 tablets.

The missing tablets came to light after Society inspector Martin Ibbitt obtained details of the amounts of sildenafil, respectively ordered by the company from wholesalers and supplied on prescription. The details suggested there was more medication obtained than could be accounted for by NHS prescriptions.

Explaining to the Committee why he had given the Prescription Only medicine away, Mr Allen said: "Approximately four years ago I began having problems with my virility. The thought of going to a doctor just horrified me. Early in 2000, Viagra was launched; it seemed so natural that I wanted to give it a try.

"Individually, my best three or four friends came to me and explained their situations and they asked me if I thought it would work for them."

The Committee found Mr Allen guilty of misconduct. Chairman Lord Fraser of Carmyllie announced: "What he did amounted to very unprofessional and illegal conduct and he should not underestimate how close he has come to having his name removed from the Register."

However, the Committee decided not to strike Mr Allen off and instead officially reprimanded him.

Temazepam 'was not kept in a locked cabinet'

Two pharmacists who were each fined £1,000 after a police inspection, appeared before the Royal Pharmaceutical Society's Statutory Committee on November 23 last year.

Mahesh Patel and Amrik Gahir, both of Streatham, had admitted offences at Camberwell Magistrates Court. The two men were working at the Nine to Nine Pharmacy, Streatham High Road, when the police inspection took place.

Mr Patel admitted incorrectly entering and failing to enter drugs into the Controlled Drugs register.

Mr Gahir admitted keeping a quantity of temazepam other than in a locked drugs cabinet and six offences of failing to date methadone at the time of supply.

Their cases were heard separately by the Statutory Committee, although the final decisions were announced together. Both said the pharmacy had been busy at the time and the offences were not deliberate.

The Committee imposed no further penalty on Mr Patel.

Mr Gahir, the superintendent pharmacist of the company, was reprimanded. He had been warned by the police before.

Mr Gahir was given three months in which to appeal against the decision.

Persistent defaulter is struck off Register

A pharmacist who was jailed for breaching a community service order has been struck off the register. Howard Leonard Rodkoff, of Romford, Essex, was sentenced to 12 months in prison on January 31 last year at Snaresbrook Crown Court.

Geoffrey Hudson, for the Royal Pharmaceutical Society, told its Statutory Committee that Mr Rodkoff had been made bankrupt in July 1997, owing his creditors £200,000. He had hidden a pension policy of £24,000. At Snaresbrook Crown Court on October 8, 1999, he was given a community service order of 200 hours.

In June the following year at Redbridge Magistrates Court he was convicted of being in breach of the order, having only served 76.5 hours.

In July 2000, he was fined £500 at Snaresbrook Crown Court and told to complete the order, although four months later he was again convicted of having breached it.

Mr Hudson told the Committee that the judge at the time had said Mr Rodkoff had "wilfully and persistently failed to comply with the court order", and rejected his claim that he had not received two probation letters. The judge had also urged the Society to remove Mr Rodkoff from the Register.

Mr Rodkoff had also submitted a registration fee form around May last year, declaring he was unfit to practice through ill health. However, it was later discovered that he had worked for 15 days between October and December.

Mr Rodkoff claimed that after being released from prison he went to look after his mother. After her death he found letters addressed to him "that she had just stuffed away. That may have been what happened to the letters from the probation office."

However, Committee chairman Lord Fraser of Carmyllie, QC, said he regarded the earlier comments made by a Snaresbrook judge to be of importance. The Committee found Mr Rodkoff guilty of misconduct, both in relation to his conviction and to practising while submitting that he was ill.

Lord Fraser advised Mr Rodkoff he had three months to appeal.

Coming Events

JANUARY 21

NICPPET

Law and Ethics, at the NICPPET Resource Centre, School of Pharmacy, Belfast, 10am-5pm.

JANUARY 22

NICPPET

From Babies to Infants: The Role of the Pharmacist, at the Adair Arms Hotel, Ballymena, 7.30 for 8pm.

NICPPET

From Babies to Infants: The Role of the Pharmacist, at the Brownlow Health Centre, Craigavon, 7.30 for 8pm.

Bury & Rochdale branch, RPSGB

Alternative Medicine, by Jan de Vries at the Macdonald Norton Grange Hotel, Castleton, 7.30 for 8pm.

Slough Branch RPSGB

NHS Plan for Pharmacy, with Sultan Dajani, member of RPSGB council, at Abbott Laboratories, Maidenhead, 7.15 for 8pm.

JANUARY 24

NICPPET

Principles of Palliative Care, at the Fitzwilliam International Hotel, Antrim, 10am-5pm.

Glasgow Branch, RPSGB

Burns Supper at the Western Infirmary private dining room.

Oxford man gets second reprimand

An Oxford pharmacist was reprimanded by the Royal Pharmaceutical Society's Statutory Committee for the second time in two years in a hearing last October.

Michael Proctor admitted supplying a patient with Lipobay 300 tablets instead of Cerivastatin 300mg tablets at his Marston pharmacy in August 2000. However, he denied removing the batch number or expiry date.

He was first reprimanded in 1999, after a couple who bought a house from him discovered bags of obsolete drugs in their garden.

The committee chairman, Lord Fraser of Carmyllie, QC, told Mr Proctor that if he appeared before the Committee again he would receive more than a reprimand.

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Comment from the Editor

Boots is this week very publicly sending out a message to Government and primary care organisations that it is no longer prepared to provide monitored dose system (MDS) services to elderly and vulnerable patients living at home for nothing. Pharmacy superintendent Digby Emson makes it clear (*below*) that the company intends to push ahead with plans to charge patients for Medisure if local primary care organisations are not prepared to support the service.

About time too, might be the view of many contractors who have raged over Boots' policy of providing MDS free for years (although the company plans to continue to do so for the time being to nursing homes). However, dwelling on past inequalities does not alter the fact that Boots' new robust and co-operative approach offers LPCs *et al* the opportunity to ram home the message that contractors are no longer prepared to provide additional patient services without proper remuneration. It might also be read as a sign of Boots' frustration with the long-term decline in NHS remuneration.

The value of MDS is appreciated by GPs – indeed they are kicking up a fuss about the impact on patient care *(see p7)*. If they want it – and it has proved its value with certain patient groups – then they should join pharmacists in lobbying for it. After all, GPs effectively hold the purse strings at local level. Boots does face a difficult task in sensitively disengaging from a free service, and will not want to antagonise patients or Health Service politicians, but it is the company's problem to deal with. At the end of the day, if something is worth having it is worth paying for. This is a point pharmacists are going to have to get much better at making as local pharmaceutical services become a reality.

Contractors are no longer prepared to provide additional patient services without proper remuneration

Yourviews

Boots' superintendent pharmacist Digby Emson says the time has come for the NHS to start recognising the value of non-core pharmacy services – starting with MDS

Recognise the costs involved in services

Boots The Chemists relaunched its Medisure Domiciliary Dosage System (as distinct from Monitored Dosage System used in care homes) in a rolling programme last year.

The Company said that it had been seeking local funding for the service on behalf of patients. Where funding is not available, new patients have been charged, and the company is in the process of giving six months' notice to existing patients of an intention to charge. However, Boots is concerned about protecting the interests of vulnerable patients.

We have received some comments in the past about monitored dosage systems, but we are now taking a lead and saying that pharmacy needs to be remunerated.

We are not finding it as difficult as we thought it might be to negotiate local funding. Many PCTs already recognise the benefit to patients of medicines management schemes. We have given a long period of notice about the intention to charge for Medisure services.

We are quite happy to work through local pharmaceutical committees where possible, but we have to recognise that LPCs are at different stages in development.

There is also a concern about an LPC being accused of acting as a cartel if it seeks to set prices. So we are happy to be open at a local level and have done that with a number of LPCs. We would prefer to have a consistent payment for Medisure nationally, but are prepared to be flexible locally.

Someone has to take a lead on this and we are happy to work with our pharmacy colleagues. We need to make our position clear. Is our attitude likely to apply to other areas of service provision? That depends on what ends up being in the core NHS contract when it is re-negotiated. For example, if repeat dispensing is part of the core contract, we would expect a national negotiated fee.

With Medisure we are well into double figures with local agreements. We expect to take stock in March, because of our concern about vulnerable patients. We will have to take account of the social consequences of withdrawing a free service. Many individual pharmacists will be concerned about terminating the service to patients they know are in need.

However, we firmly believe that pharmacy should receive additional remuneration for additional services.

Digby Emson: wants additional money for additional services

INDUSTRY VIEWPOINT

We're sitting targets

Judging by recent press reports, pharmacy contractors have more than just the cold, dark days of winter to depress them. The issues include: the demise of RPM, the Oxera report, the OFT contract enquiry, electronic transfer of prescriptions, shortage of pharmacists. To top it all, there is the imposition of a 3.7 per cent increase in the global sum, plus a 10 per cent cut in dispensing fees and there is increased talk of industrial action.

One could imagine the whole of community pharmacy is feeling the pinch, yet this does not seem to be the case. While some of these issues cause real concern, many pharmacies are still very successful. How do they achieve this? There is no one answer, but there seems to be a common thread.

It's the ability to think and act positively and decisively, to make the most of a rapidly changing environment and to predict and prepare for how things are going to be. The Government is undoubtedly determined to implement change in all aspects of public service. In most cases, these services are provided by public employees, but community pharmacy is different; it's a commercial venture working alongside a public service.

While some ... issues cause real concern, many pharmacies are still very successful

The NHS is desperately under-funded and urgently needs to transform to be more cost-effective. It should not come as a surprise that the DoH wants to change the *status quo* for the distribution and supply of drugs within the NHS. Currently, owner contractors run only one in four pharmacies and most pharmacists are employed or operate as locums. It's most unusual for employees to strike to support their employer, so community pharmacy appears a soft target.

Contributed by a senior industry manager

TOPICAL REFLECTIONS

It's still a case of buyer beware!

An interesting insert in last week's *C&D* from Stephar highlighted the discrepancy of discount between the new GSK +Plus scheme and the sliding discount clawed back by the NHS.

I know that this insert is a sales promotion for Stephar and all credit to the company for that, but it is a little cheeky to imply that I have been lulled into a false sense of security by the new GSK scheme.

Ever since the demise of the cost-plus contract and the introduction of discount clawback, my buying skills have been honed by necessity. But I am not the only one who has become expert in this field. All the parallel import and generic suppliers have had to compete. Equally, global manufacturers like GSK have had to react to the maelstrom of regulations that govern international trade.

The result is an uncomfortable marketplace for the unwary, and that is the real message of the Stephar promotion. I have looked carefully at the special January offers and bought those that are most advantageous. I will continue to buy the rest from alternative sources, including GSK.

Recognition for productivity – is it so hard?

I am glad the RMT Union is concerned that its members should receive due recognition for productivity achievements and are prepared to strike to achieve a just settlement.

I am also delighted to learn that GPs are to have a generous 4.6 per cent increase in fee income and have had the clawback of overpayment from previous years suspended.

But fear not! Pharmacists have not been totally overlooked. From the pages of *C&D* I learn that my manpower problems will soon be over as there will be a 12 per cent increase in pharmacists available for employment between 1998 and 2003. Yippee!

Equally exciting will be the opportunity offered by local pharmaceutical services.

If rumour is true, it will be financed by the present global sum!

Must I learn to enjoy doing ever more work for no more pay? After all, the principle that any work I competitively acquire will come out of the pockets of my colleagues has served community pharmacy well for so long that it should not be lightly discarded.

So after all this excitement and anticipation back to reality... on Friday last week, it took me over an hour at 87p per item and numerous phone calls to sort out a prescription for a TB patient. He spoke little English and his GP had prescribed infusion antibiotics, instead of the oral preparations I eventually discovered were actually required.

Talk about asking for trouble! Dotty said I was mad and should have just said: "Sorry, go somewhere else!" So why didn't I? Perhaps because I am still a pharmacist and not a politician.

Confused by glucose meters?

So now my diabetic patients can choose between an Accu-Chek Active and an Accu-Chek Advantage blood glucose testing system, and both at the same price of £12 using the voucher system so kindly supplied by Roche Diagnostics.

So what do I advise? "Ah!" I say wisely. "Choose the system that best suits your lifestyle!" What is Roche playing at? I really have no clue concerning the relative merits of these two machines, and to be frank, neither have my customers.

All they want is an effective blood glucose meter that does not cost them an arm and a leg and gives them no hassle. My sentiments entirely, but such a simple request seems to be beyond the whit of Roche Diagnostics to provide.

All blood glucose testing meters are sold at an effective loss in order to expand the market for expensive and dedicated testing strips, so why maintain this charade of voucher-driven special offers? One machine, one loss leader price and no paperwork. It couldn't be easier. Could it?


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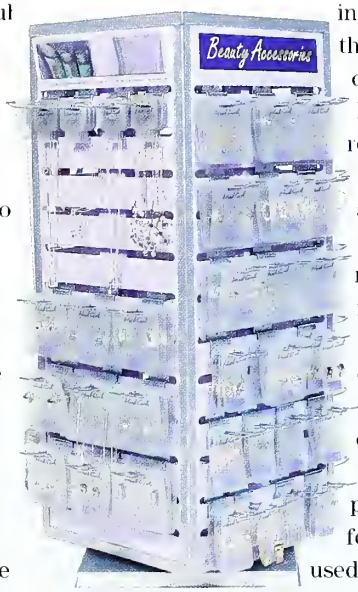
In addition Paul Murray have a dedicated direct sales force of 17 covering all areas of the UK and operating the latest business systems (hand held terminals and EPoS-compatible products), which enables us to deliver stock to your door within 48 hours of an order being placed.

With our understanding of the extent to which brand credibility relies on the quality of point of sale execution, Paul Murray have recently launched brand new innovative display units to coincide with the exciting relaunch of the Murray's hair, manicure and jewellery brands. Both stylish and functional, these display units maximise retailer profitability significantly.



Chris Welch, Murrays Point of Sale Controller, remarks: "We revisited the whole area of counter and floor stands as historically used within pharmacy, evaluating the strengths and weaknesses of previous stand designs offered to the retailer. Whilst such point of sale stands acted as a focus for the products, a destination within the store for the consumer and also delivered a high sales/profit per sq ft ratio, the displays often looked untidy. Using pre-formed styrene mouldings and an innovative design incorporating the slatwell concept, we have reintroduced the counter and floor stand as a means of functional and effective display, while continuing to contribute maximum profitability for the space used. The new stand design now includes the provision of mirrors and the floor stand has hot spot bins and the ability to display showcards."

And since we are committed for the long term, it doesn't end there! Practising what we preach, we too look at the bigger picture to ensure we are well placed for the future. We are aware that public relations, quality control, merchandising and point of sale play as much a part of the management equation as the traditional areas of purchasing, production, warehousing and finance.

As Andy Hastings, Sales Director of Paul Murray Plc, explains: "The need for pharmacies to continually enhance their consumer offering and make retail space work harder has never been more important. The abolition of RPM, increasing overheads and a more competitive retail environment have accelerated the necessity to maximise profit from the front of store. A disproportionate mix of high-margin, low-turnover SKUs is no longer acceptable in the modern pharmacy. Today, product quality, rate of sale and merchandising excellence are the key drivers of cash profit, and it's these vital factors that Paul Murray Plc, as a 'Category Leader' in the health and beauty market, fully understand."

For further information contact Paul Murray Plc on tel: 02380 460 600 or e-mail: *cservices@paulmurrayplc.co.uk*

Can LPCs rise to a new challenge?

If LPCs want to develop a new role within the changing NHS, they could study how LMCs have responded, says Christopher Locke, Nottinghamshire LMC's chief executive

Both pharmacists and GPs need a strong voice to represent both their own and their patients' interests within the local community

There are many similarities between local pharmaceutical committees and local medical committees, though the latter are not so troubled by the need to balance the conflicting interests of constituents.

With NHS reforms following the publication of *Shifting the Balance of Power in the NHS*, the blueprint for the changes set out in the NHS Reform and Health Act, LMCs around the country have been considering their future role. The decision that faces them is if, in the new NHS environment in which primary care trusts have inherited most of the power and resources, they can be said to be "fit for purpose".

The conclusions reached by most, if not all LMCs, including those of which I am chief executive, pose an interesting counterpoint to the views expressed by Dr Darrin Baines *(see C&D December 8, p36)*.

We have concluded that if LMCs are to survive and have any relevance to our constituents in the new world they must become:

- more "professional" in the way they conduct their dealings with the PCTs
- more proactive in terms of involvement in the development of new services and ideas
- more powerful in terms of their representative capacity, by being able to canvass the views of our constituents more speedily and comprehensively, and obtain the necessary mandate to negotiate on their behalf.

The LMCs of Derbyshire, Lincolnshire and Nottinghamshire do not feel that they are able to meet these challenges as presently configured. They believe they can only do so by pooling resources and sharing expertise concentrated within a central secretariat support structure.

"If LMCs are to survive, they must become... more powerful in terms of their representative capacity"

While each LMC will maintain its own office and employ its own staff, including, significantly, full time "practice/PCT liaison officers", the latter will be recruited, trained and managed by the central support team based in Nottingham which will also supply a range of other services, including provision of information and data management.

This structure would enable the LMCs to operate at three levels:

- at PCT level (through its practice/PCT liaison officers)
- at district/county level (through collaborative structures like LMC/PCT liaison committees)
- at strategic health authority level (through a joint LMCs' executive committee).

The levies our members pay to the LMCs for their upkeep will have to be raised accordingly, but we hope to be able to demonstrate to our constituents just how much better a service they will be getting as a result.

While appreciating what Dr Baines says about a level playing field, I am surprised at his conclusion that LPCs should not expand their remit. While, like LMCs, LPCs have the right to be consulted by the statutory authorities, recent experience has shown that PCTs are only likely to consult where the body with whom they are consulting would a) give them a hard time if they did not and b) be worth consulting with, in the sense that it can offer a sensible and helpful, though not necessarily compliant, response.

We have found that the only way we can influence what PCTs do is to demonstrate an ability to be forward thinking and constructive while defending the interests of independent contractors robustly. Those LMCs around the country which have not so far adapted or

Continued on page 22

LPCs need more than just a level playing field – they need to be able to influence how the game is played

◀ *Continued from page 21*

risen to these challenges have found themselves marginalised and ignored and, in such a correspondingly weak position, are unable to properly represent their constituents' interests.

It will be interesting to see what happens to LPCs. At the present moment the Government appears to be wooing pharmacists and there are firm suggestions that PCTs will be encouraged to add pharmacy representatives to the professional executive committees.

The danger then is, as threatened to be the case with GP representatives, that the PCTs will feel that the pharmacy representative is the voice of local pharmacy instead of the LPC.

Fortunately, most of the GPs on our executive committees are concerned to point out that, with their corporate responsibility to represent the whole health community, rather than the interests of general practice, they cannot be seen as spokesmen for their own professional group, even in purely clinical matters. If LPCs are not able to raise their profile sufficiently, however, they may not be in a position to fill that vacuum.

Dr Baines also feels that LPCs do not have the specialist skills for incentive design or budget setting. LMCs did not have these skills either but have developed them over time as they have demonstrated by successfully steering through a number of local development schemes, which have brought much needed resources into primary care.

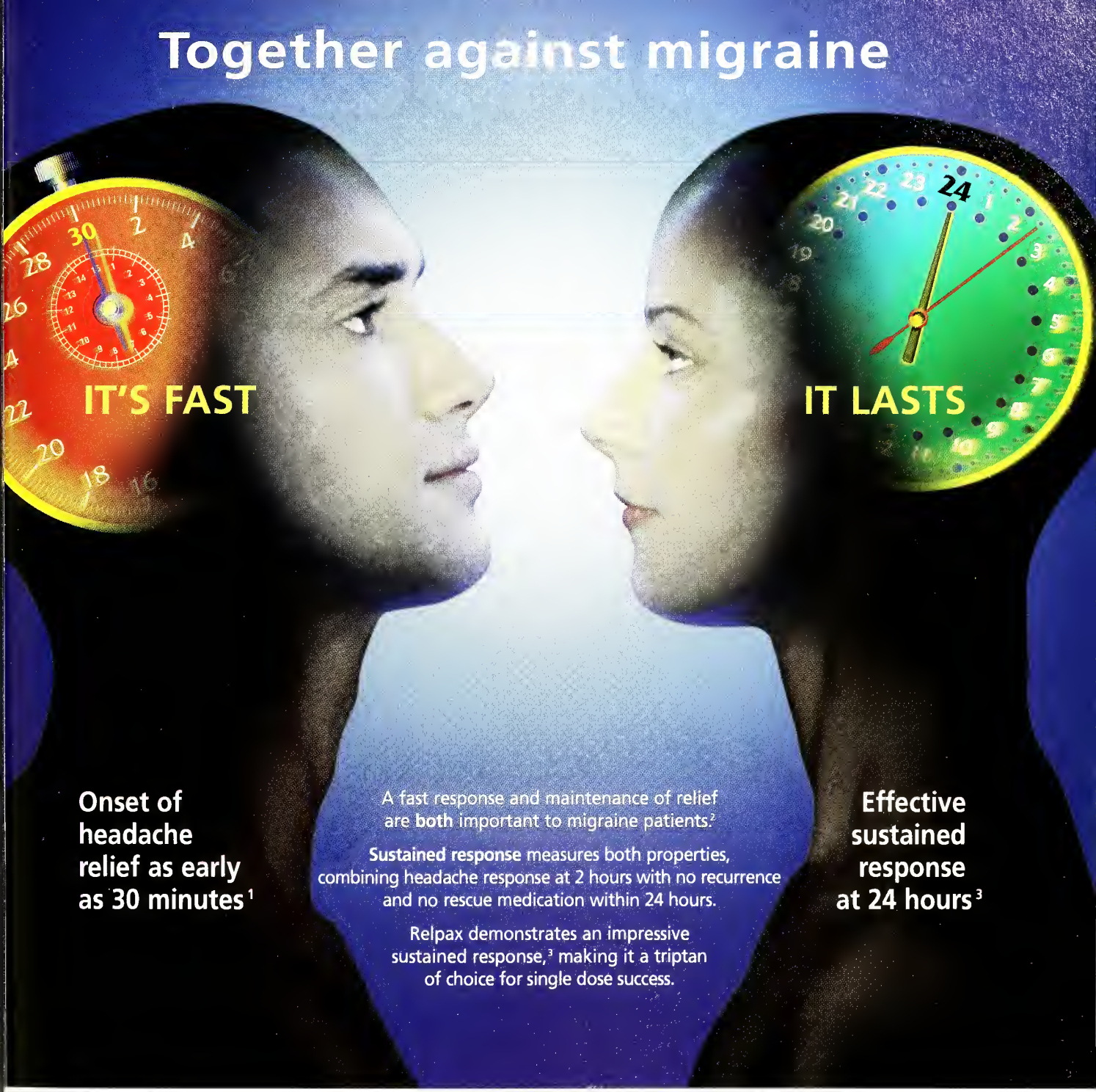
It is not difficult to acquire these skills (and it should not be assumed that PCTs are all equally adept at exercising them). As businessmen, many local pharmacy contractors could, with a little help and training, become competent players in this particular arena.

A few years ago my LMCs were looking at ways to generate additional income by offering secretariat services. It occurred to me that, despite our professional differences, LMCs and LPCs had much in common and I had some constructive discussions with LPC colleagues. Although nothing came of it at the time, I found, on speaking to LPC members recently, a renewed interest in this idea, indicating a recognition of the extent to which LPCs could benefit from sharing our knowledge and experience.

"If LPCs are not able to raise their profile sufficiently... they may not be in a position to fill that vacuum"

Granted, LPCs should help maintain a level playing field for their constituents. But the playing field is in the PCT's backyard.

Together against migraine



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In the first of two articles, *Lorna McIntyre*, a research assistant at Bioforce UK Ltd, examines the various strategies that can help manage PMS

Coping with PMS

- To understand hormone changes in the menstrual cycle
- To be aware of the latest thinking on drug treatments
- To be aware possible causes of PMS
- To be aware of nutritional and other strategies
- To know commonly used diagnostic criteria for PMS

Premenstrual syndrome (PMS) is a recurrent condition experienced by women before menstruation. Seventy years of research have related over 150 symptoms, but despite this research and the large number of women sufferers, there is still no clear understanding of what causes PMS or even a universal agreement that it exists.

Statistics show that one in three women in the UK suffers from PMS and that one-quarter of women regularly take time off work because of it.

Common myths that "PMS is all in the mind" make sufferers feel remote and often in despair. There may not be a single cure, because of the diversity of symptoms, but various treatments can at least alleviate the symptoms, even if they cannot combat PMS completely.

The menstrual cycle

The menstrual cycle is a delicate balance of hormones and components of the endocrine system. This complex process prepares the endometrium of the uterus for a fertilised ovum (uterine cycle) and regulates the maturation of the ovum (ovarian cycle). The cycle occurs every 28 days on average.

Undoubtedly a disruption to this hormonal balance plays a predominant role in PMS symptoms, although the exact causes have yet to be proved.

The normal cycle

In a 28 day cycle in which fertilisation does not occur, gonadotrophin-releasing hormone (GnRH) secreted by the hypothalamus stimulates the secretion of follicle-stimulating hormone (FSH) and luteinising hormone (LH) from the anterior pituitary gland. FSH controls the initial follicular development and oestrogen secretion. Oestrogen controls the secretion of GnRH, FSH and LH by negative feedback, that is, release of these hormones results in the subsequent down regulation of oestrogen levels. In contrast, LH stimulates the further development of the follicles, particularly the dominant one released during ovulation. LH is also responsible for the production of further oestrogen and progesterone.

In an average cycle of 28 days, ovulation occurs at day 14 and, in the absence of pregnancy,

Continued on page 26 ▶

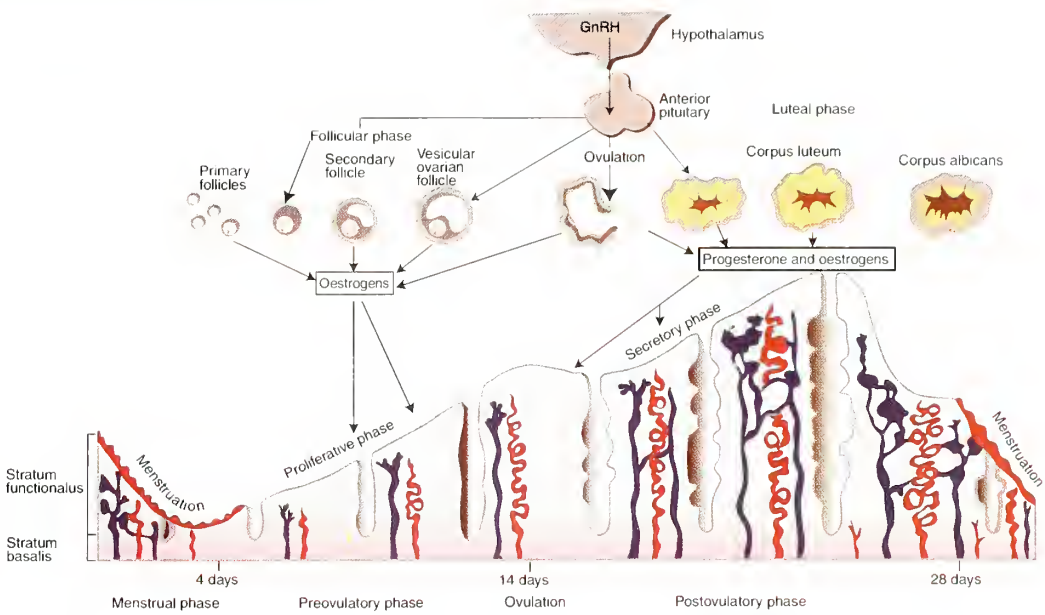


Figure 1 – Hormonal regulation of the ovulatory and uterine cycle

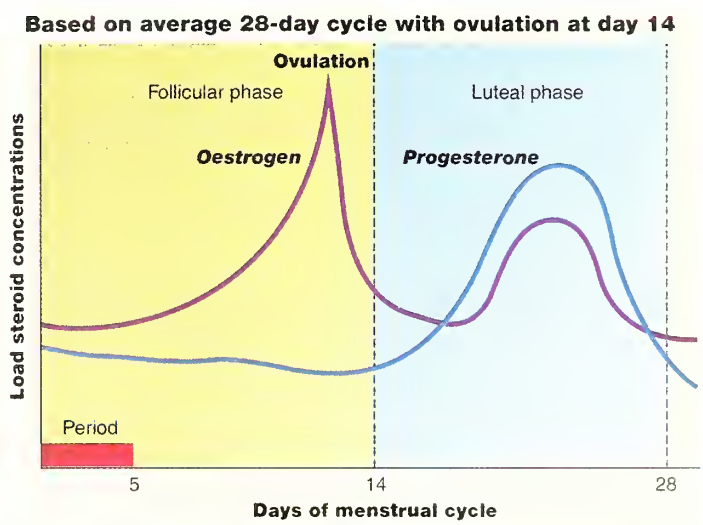


Figure 2 – Relative concentrations of oestrogen and progesterone during the female cycle

Table 1: PMS symptom subgroups (Abraham 1983)

	Category	Symptoms	Proposed aetiologies
PMS A	Anxiety	Anxiety, irritability, emotional instability	Excessive oestrogen with deficient progesterone levels. Low progesterone levels have a negative effect on GABA in the brain, explaining anxiety
PMS H	Hyperhydration	Fluid retention, weight gain, swelling of extremities, breast tenderness and abdominal bloating	Increased oestrogen levels stimulate secretion of aldosterone, an antidiuretic. Often experienced with PMS A
PMS C	Craving	Increased appetite, sweet cravings, fluctuating blood sugar levels causing palpitations, trembling and fatigue	Increased insulin secretion or sensitivity to insulin 5-10 days before menses. Low blood sugar also affects progesterone level
PMS D	Depression	Depression, including crying, forgetfulness, confusion and insomnia	Low oestrogen to progesterone level, most probably stress induced

◀ Continued from page 25

menstruation (expelling of the endometrium) occurs 14 days after ovulation. The time between ovulation and menstruation is known as the luteal phase, during which PMS symptoms appear.

Hormonal imbalance

The two predominant hormones – oestrogen and progesterone – fluctuate continuously throughout the cycle, with oestrogen peaking prior to ovulation then rising again after a rapid decline in the luteal phase. Similarly, progesterone rises in the luteal phase (Figure 2) then falls below oestrogen in the days immediately before menstruation.It is thought that this increase in ratio of oestrogen to progesterone in the five to 10 days before menstruation plays a major role in PMS.

Other hormonal abnormalities associated with PMS include:

- hypothyroidism
- elevated cortisol levels
- elevated prolactin levels
- aldosterone marginally elevated

Possible causes

The lack of clarity of PMS symptoms and of consistent data leads to many suggested aetiologies.

One theory is that the corpus luteum (a mature vesicular ovarian follicle that ruptures to expel a secondary oocyte during ovulation) may be involved because the symptoms begin on its formation and disappear on luteolysis. This hypothesis is supported by the fact that the corpus luteum produces progesterone and oestrogen. Corpus luteum insufficiency is implicated in abnormal menstruation so is probably important in the onset of PMS. A related theory is that the high level of oestrogen present in the luteal phase is at least partially responsible for symptoms such as fatigue.

Murray & Pizzorna (1998) highlight a range of factors, the most important being the increased oestrogen to progesterone ratio. Excess oestrogen impairs liver function by decreasing vitamin B action and impairs neurotransmitters and endorphins in the brain, resulting in the depressive symptoms associated with PMS.

Other hormones proposed as key factors in mood and behaviour symptoms include prolactin and aldosterone, because of their links with neurotransmitters and salt/water metabolism. So although the female sex hormones need to be present to trigger PMS, the hormones themselves may not be the cause of the disorder.

Even small fluctuations in hormones can play a role in nutrient requirements, often leading to postulations that nutrient deficiencies cause symptoms. Thys-Jacobs (2000) suggested that calcium deficiency resulting from rising oestrogen was responsible.

It has also been suggested that the two distinct groups of symptoms – physical and mental – may have distinct aetiologies. However, many women report a combination of symptoms, so distinct aetiologies seem unlikely.

Continued on page 28 ▶

Table 2: Diagnostic criteria for PMS*

1. The presence of at least one of the following affective and somatic symptoms during the five days before menses in each of the three previous menstrual cycles.

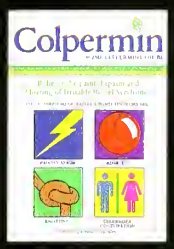
Affective	*Somatic*
Depression	Breast tenderness
Angry outbursts	Abdominal bloating
Irritability	Headache
Anxiety	Swelling
Confusion	
Social withdrawal	

2. Relief of the above symptoms within four days of the onset of menses, without recurrence until at least cycle day 12.
3. The symptoms are present in the absence of any pharmacological therapy, hormone ingestion, or drug or alcohol use.
4. The symptoms occur reproducibly during two cycles of prospective recording.
5. Identifiable dysfunction in social or economic performance by one of the following criteria:
   - marital or relationship discord confirmed by partner
   - difficulties in parenting
   - poor work or school performance, attendance or tardiness
   - increased social isolation
   - legal difficulties
   - suicidal ideation
   - seeking medical attention for a somatic symptom(s)

As recall of events and symptoms is limited, recording is essential to gain a true picture. Recording can often highlight an explanation other than PMS for the symptoms.

**Mortola et al (1984)*

YOU CAN'T PREDICT WHAT IBS THROWS AT YOU



For an effective result, recommend Colpermin to treat the different sides of Irritable Bowel Syndrome. Colpermin's enteric coating is specially designed to reach the bowel intact, which ensures its special formulation can deliver relief exactly where it's needed. Then its antispasmodic action relaxes the bowel to soothe cramps and ease pain, and its carminative effect disperses trapped wind and relieves that bloated feeling. ***So don't take a gamble, rely on Colpermin, the leading treatment in the IBS OTC market.***

For more information, or to order Colpermin please contact your Pharmacia representative or call 0500 390 114

Colpermin
0.2ml Peppermint Oil BP
MODIFIED RELEASE CAPSULES

MORE THAN JUST AN ANTISPASMODIC

Continued from page 26

Symptoms

Over 150 symptoms have been associated with PMS. Abraham (1983) split them into four subgroups, each with distinct hormonal characteristics, although few women fall only into one category (Table 1).

Diagnosis

Dalton (1999) outlines the widely accepted definition of PMS: symptoms must begin after ovulation and be completely absent for at least seven days after menstruation. They must also have been present for at least two consecutive menstrual cycles. A commonly-used diagnostic criteria is that of Mortola et al (1984) (Table 2).

As recall of events and symptoms is limited, recording is essential to gain a true picture. Recording can often highlight an alternative explanation to PMS.

Treatment

Clinical trials are often inaccurate because of the difficulties in recording the range of symptoms attributed to PMS. Treatments often have dramatic placebo effects as well.

There are three broad strategies:

- correction of hormonal status
- correction of neuro-transmitter level
- alternative and complementary methods, mainly for specific symptoms.

Several treatments based on hormonal therapy are proven in PMS, particularly the use of GnRH analogues, or in extreme cases, ovariectomy.

GnRH analogues

GnRH secreted by the hypothalamus is the overall control chemical of the ovarian cycle, responsible for regulating FSH and LH. GnRH analogues cause pituitary desensitisation by the chronic down regulation of GnRH receptors in the hypothalamus. This leads to decreased LH and FSH being released from the pituitary and a subsequent lowering of oestrogen and progesterone levels.

Use of such analogues (Zoladex, Prostap and Synarel), is limited to six months because chronic hypoestrogenism can lead to osteoporosis. In addition, to prevent the drugs being metabolised in the liver they must be administered subcutaneously by a depot injection. Eight out of 10 double-blind, placebo controlled studies have shown significant response compared with placebo (Pearlstein & Steiner 2000). Adding oestrogen supplements such as tibolone (a synthetic compound with oestrogenic and progestogenic properties) can allow long-term use of GnRH analogues and decrease the risks associated with prolonged low oestrogen levels.

Progesterone

Green & Dalton (1953) postulated that the abrupt fall of progesterone during the luteal phase was related to the onset of PMS symptoms, so giving progesterone at this time would reduce symptoms.

However, a meta-analysis of 14 randomised, placebo-controlled trials resulted in no evident value to progesterone and progestogen therapy (Wyatt et al 2001). Despite the lack of clinical evidence, progesterone was the most widely prescribed method of treatment between 1993-1998.

Oestrogen

It has been suggested that low oestrogen levels in the luteal phase is the underlying cause of symptoms. Two double-blind studies suppressed ovulation and showed improved concentration and mood responses.

It has also been widely speculated that oestrogen may have an antidepressant effect by enhancing serotonin activity in the brain (by increasing the availability of tryptophan for conversion and by decreasing re-uptake and hence increasing synthesis). However, progesterone must be given with oestrogen to protect against cystic hyperplasia of the endometrium, which can result in a recurrence of PMS.

Danazol

Administration of the progestogen danazol, only in the luteal phase, has proved unsuccessful for general PMS symptoms, although it appears highly effective for the relief of premenstrual mastalgia. Long-term use has considerable side effects, including decreased breast size and masculinity factors.

Oral contraceptives

Oral contraceptives are one of the most frequent prescription medications given to PMS sufferers, despite the lack of clinical data. Two small, randomised trials have been conducted, both of which failed to show any symptom relief. Other research has shown an aggravation of symptoms .

Antidepressants

Selective serotonin reuptake inhibitors (SSRIs) are also used. Mortola (1996) states: "The largest body of both laboratory and clinical evidence suggests serotonin is a neuroactive agent with the greatest influence on PMS symptoms". Meta-analysis of randomised clinical trials has shown clear improvements in both psychological and somatic symptoms. Prozac (fluoxetine) is probably the most recognised antidepressant used, although trials are being carried out to identify other effective SSRIs. It is thought PMS sufferers are responsive to SSRIs as they have a decreased serotonin uptake by platelets during the premenstrual phase (Mortola, 1997).

Alprazolam

Benzodiazepines promote the binding of GABA agonists to receptors at a site distinct from the GABA binding site. Alprazolam is an agonist that opens the receptor and makes it more receptive to GABA, therefore having a calming effect.

Two double-blind studies have shown the drug is effective when administered during the luteal phase. Results are also comparable when taken on an "as needed" basis. However, its addictive potential restricts its use in PMS

Ovariectomy with low-dose oestrogen can improve quality of life, but this is an extreme measure and should be considered only by women whose lives are substantially disprupted.

Diuretics are used to treat fluid retention, which causes bloating, swelling and breast tenderness. Both spironolactone and hydrochlorothiazide may be beneficial, although many physical symptoms remain unaltered.

The second article in this series (including references) will appear in Update on February 2.

Actionplan

1. In a tactful way, try to determine if any of your female relatives, friends, work colleagues etc suffer from PMS. How many treat the symptoms and what do they do?
2. For the next, say, 2,000 prescriptions (based on daily dispensing number) record in your practice workbook items you believe are for PMS. Is the number a true reflection of the incidence of the condition (the article states that about one-third of menstruating females suffer)?
3. Try to find out if women suffering from PMS use products not included in the BNF. Record responses in your practice workbook. After, say, three months or 50 results see if there are any products that are clearly of (anecdotal) benefit. Should you recommend these?
4. Revise your knowledge of hormonal control of the menstrual cycle and its relationship with pregnancy. Think how this knowledge is significant when supplying emergency contraception.
5. Do you still dispense progesterone suppositories or pessaries? Ask recipients for their views on efficacy. Do you think recent research results or your patients' opinions are correct?

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the February 2 issue, which will cover this week's CPP-accredited modules, together with those in the January 19 and 26 issues.

These are: **● Clinical depression (1223) ● PMS (1224) ● Osteoporosis (1225).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

At www.dotpharmacy.com

Interactive Continuing Education

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A Chemist & Druggist educational service, accredited by the College of Pharmacy Practice, offers:

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You can then register and pay online with your credit card. You will be e-mailed a password and usercode that will enable you to access all the modules and start building your own electronic learning log.

For further details contact Mary Prebble on 01732 377269.

Sick smokers need extra help to quit

Highly dependent smokers admitted to hospital for cardiac problems require more than one intervention session to help them give up smoking, a new study has found.

In a randomised, controlled trial of 540 patients admitted to 17 hospitals in England, half the group received brief verbal advice and a standard booklet (usual care) and half had an intervention lasting 20–30 minutes, both carried out by cardiac rehabilitation nurses.

The longer intervention included carbon monoxide reading, a special booklet, a quiz, contact with other people giving up and signing a declaration of commitment to give up.

After six weeks, 59 and 60 per cent of patients in the control and intervention group respectively remained abstinent.

At 12 months the figures were 41 and 37 per cent respectively.

The authors of the study, published in the *British Medical Journal*, say the results may have been influenced by the patients being too distraught at the time of the intervention or by the high standard of the usual care.

However, they say that the most likely explanation is that a single session is not enough for heavily dependent smokers and that specialist smoking cessation services, funded by local health authorities, should include hospital patients as one of their priority target groups.

Heavy smokers required more than one session to give up smoking

Smokers who gave up six to eight weeks before surgery were less likely to have post-operative complications, according to a study in *The Lancet*. The smoking intervention group received counselling and nicotine replacement therapy and either gave up smoking completely or reduced it by at least 50 per cent.

The overall complication rate was 18 per cent in the smoking intervention group and 52 per cent in the control group. The most significant effects were seen for wound-related, cardiovascular and secondary surgery complications in patients who had undergone hip and knee replacement surgery.

For more information:

www.bmj.com, www.thelancet.com

BMJ 2002; 324:87-89

Lancet 2002; 359:114-117.

Aspirin proven effective against vascular disease

Antiplatelet therapy has been shown to reduce the risk of serious vascular events in patients at high risk of occlusive vascular disease, according to a study in the *British Medical Journal*.

The researchers reviewed 287 studies involving 135,000 patients in comparisons of antiplatelet therapy versus controls and 77,000 patients in comparisons of different antiplatelet treatments.

Patients at risk include those with acute or previous myocardial infarction, ischaemic stroke, angina, stroke or cerebral ischaemia, peripheral arterial disease and atrial fibrillation.

Overall, the risk of a serious vascular event eg non-fatal myocardial infarction, non-fatal stroke or vascular death in patients receiving treatment was reduced by a quarter.

Aspirin at doses of 75–150mg was the most widely studied drug and was at least as effective as higher doses. However, the effects of doses lower than 75mg were uncertain.

Adding a second antiplatelet drug to aspirin may produce additional benefits in some circumstances, but more research is needed, say the researchers.

The overall risk of fatal and major non-fatal bleeds was small.

Naproxen, or other non-aspirin NSAIDs, do not reduce the risk of coronary heart disease in a high-risk population of people over the age of 50. However, they do not increase the risk either says a study in *The Lancet*.

This study was conducted before COX-2 inhibitors celecoxib and rofecoxib were introduced and these drugs were therefore not included in the study.

For more information:

www.bmj.com, www.thelancet.com

BMJ 2002;324: 71-86.

Lancet 2002; 359:118-123.

Help bring smoking to a full stop

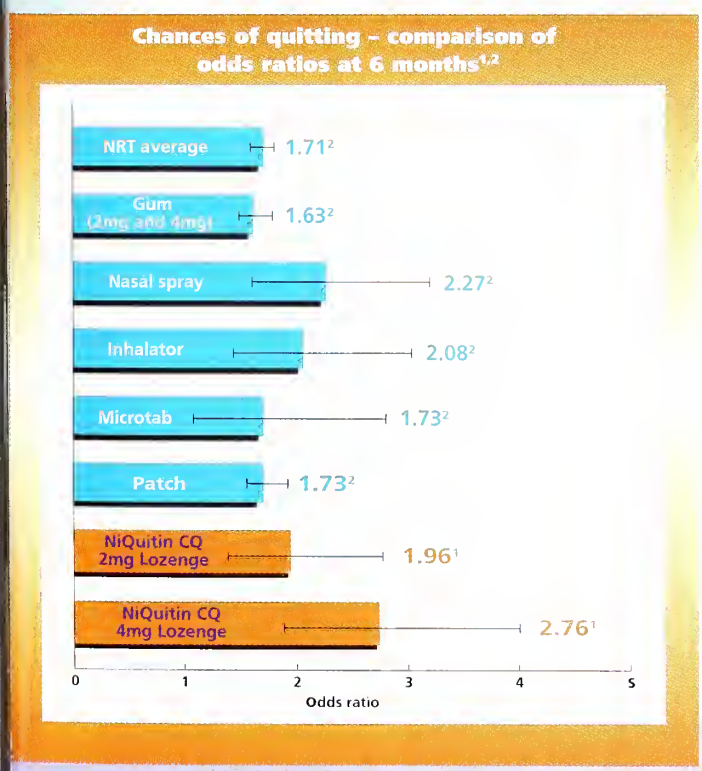
Stopping smoking can be hard. No question about it. So for people that really want to quit, your advice and recommendation for the right course of nicotine replacement therapy (NRT) can make all the difference.

Active quitting

Smokers differ in their attitudes to quitting. Some like to feel protected from cravings and may therefore be suited to patches; others prefer to actively control their cravings. Those that prefer to actively respond to cravings may be ideally suited to the new NiQuitin CQ Lozenge.

Unsurpassed quit rates

The NiQuitin CQ Lozenge, available in 2mg and 4mg strengths, is a highly effective oral treatment that can really help your customers kick the habit once and for all. Six week success rates show that it can triple the chances of quitting compared to placebo.[1]* What's more, in heavily dependent smokers using the 4mg Lozenge, success rates can be up to five times greater than with placebo when using the recommended dose.[1]* Even at six months, trial results show that the NiQuitin CQ 4mg Lozenge offers a success rate unsurpassed by any other form of NRT.[1,2] This is illustrated by comparing the results of the NiQuitin CQ Lozenge study with the published Cochrane meta-analysis of NRT[2]:-



*Measured at 6 weeks, users taking more than the median dose (8.2 4mg lozenges, 5.7 2mg lozenges per day) during the first 2 weeks of treatment.

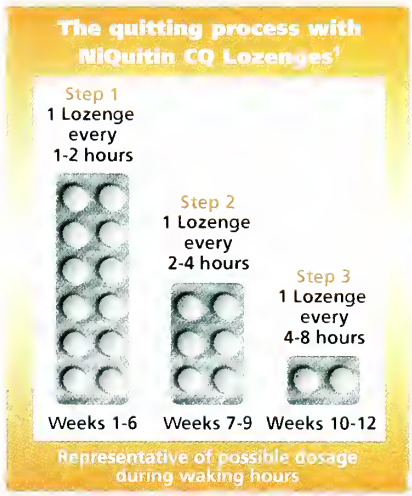
A pivotal new method of dose determination

Key to success with the NiQuitin CQ 2mg and 4mg Lozenges is a novel method of dose determination based on Time To First Cigarette (TTFC), a reliable method of assessing tobacco dependence.[3] Since all smokers wake up in a state of nicotine deprivation, the drive to smoke in the morning is a strong indicator of tobacco 'need'.

Time To First Cigarette and strength of NiQuitin CQ Lozenge required	
4mg Lozenges	For those who smoke within 30 minutes of waking
2mg Lozenges	For those who smoke 30 minutes or more after waking

Beginning, middle and quit. End of story

So with TTFC you ensure that your customers take the right strength of Lozenge. The course they then follow is comprised of a structured and defined schedule, throughout which the strength of Lozenge remains the same but the number of Lozenges used per day is stepped down. It is designed to control cravings during the first few weeks when quitting is toughest, and then to gradually reduce nicotine intake until, after 12 weeks, the course is completed and the smoker has quit.[1]



Punctuated with support from you and the CQ plan

In addition to support and advice from you, ensuring correct dosing and increasing motivation, the smoker can enrol free onto the new Committed Quitters Stop Smoking Plan. The updated support programme is now available on the internet as well as by telephone, is more highly tailored than the previous version and is received in stages throughout the treatment course. In patch users, highly tailored behavioural support has been clinically proven to improve success rates by a further 26% over patch use alone.[†4]

The final word

Recommend a course of NiQuitin CQ 2mg or 4mg Lozenges, and it could be the end of smoking for your customers. You're their best chance of a full stop.

† Comparing patch and conventional support materials (31%) to patch and CQ plan (39%). Analysis excluded those who did not read or refer to materials.

Contains nicotine
NiQuitin CQ™
2mg & 4mg Lozenge

Frontshop

Incontinence pads are thin and discreet

Hybrand Healthcare is launching a range of slim incontinence pads targeted at women who suffer from light bladder weakness.

Kanga Lady Ultrathins incorporate a newly-developed dual core to provide maximum absorbency and comfort. The pads are available in three sizes: Regular, Extra and Extra Plus.

The launch will be supported by a £500,000 marketing campaign, including radio and women's press advertising, starting at the end of February.

Kanga Ultrathins will be launched through pharmacies and the professional market.

Price: £2.89

Pack size: Regular 12; Extra 10; Extra Plus 10.
Hybrand Healthcare
Tel: 08700 114545.

Cough, cold & flu FORECAST

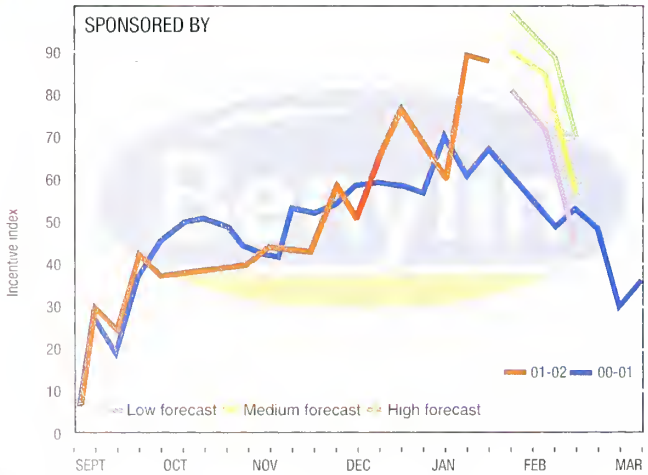
KEY FACTS

Benylin

- There has been a small decrease in levels of respiratory illness since last week
- The UK continues on Alert Status
- *Coughing* is the most prevalent symptom

Information updated weekly by SDI

Continue on Alert



New name for cold sore cream

Auden Mckenzie has branded its generic cold sore cream containing Aciclovir 5 per cent.

Clearsore Aciclovir 5 per cent w/w is formulated for the treatment of herpes simplex virus infections of the lips and face.

The P cream should be applied five times a day for five days, starting as early as possible after the start of an infection.

If the infection has not healed, the treatment may be continued for up to five days more.

Price: £4.50

Pack size: 2g tube
Pip code: 109-5678
Auden Mckenzie (Pharma Division) Ltd
Tel: 020 8900 2122.

A word in your ear from Duracell

Duracell is introducing a range of hearing aid batteries designed to make selection and fitting easier.

Duracell EasyTab batteries incorporate a simple clip open/clip shut pack that makes access to the batteries easier.

Each battery has a longer tab that allows the user to remove the battery from the pack, insert it into the hearing aid and remove the tab, without handling the battery.

The batteries are designed to offer improved cell performance – lasting up to 30 per cent longer than previous Duracell hearing aid batteries.

The range is available in four major sizes – 675, 13, 312 and 10. Clear colour coding and a striking display unit help make product identification easier.

Price: £3.49

Pack size: 6 batteries
Duracell UK Ltd
Tel: 020 8560 1234.

Scriptlines

T-cell lymphoma drug from Elan

Elan Pharma launched Targretin (bexarotene 75mg) capsules on January 2.

The capsules are indicated for the treatment of skin manifestations of advanced stage cutaneous T-cell lymphoma patients, refractory to at least one systemic treatment.

The initial dosage is calculated according to body surface area.

Targretin, which is a Prescription Only Medicine, must be taken with food. Diabetic patients should exercise caution when using it as the drug may potentiate the actions of the diabetic drugs resulting in hypoglycaemia. Targretin can also theoretically reduce the efficacy of oral contraceptives.

Orders need to be placed with UDG Ltd.

Price: £937.50

Pack size: 100 capsules
Pip code: 283-5890
Elan Pharma Ltd
Tel: 01438 742700.

Pfizer launches triptan brand

Pfizer is launching Relpax (eletriptan) tablets in 20mg and 40mg strengths.

The drug is indicated for the acute treatment of the headache phase of migraine with or without aura.

The initial dosage for adults aged 18 to 65 years is 40mg to be taken as early as possible after the onset of the migraine. If the headache returns, a second 40mg dose can be given two hours after the first dose.

If the first dose produces no response, then a second must not be taken for the same attack.

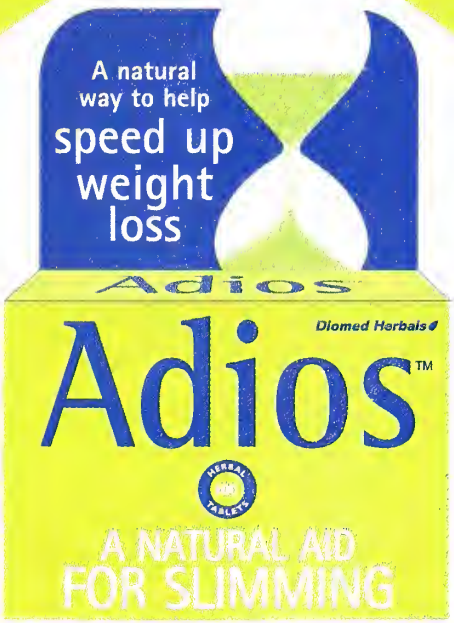
In patients who fail to respond to 40mg, the dose may be increased to 80mg in subsequent attacks. The maximum daily dose should not exceed 80mg.

Price: both strengths £22.50 per pack

Pack size: six tablets per pack
Pip code: 20mg 284-2995, 40mg 284-3001
Pfizer Ltd
Tel: 01304 616161.

NATIONAL ADVERTISING CAMPAIGN

MAKE THEIR WEIGHT LOSS YOUR GAIN

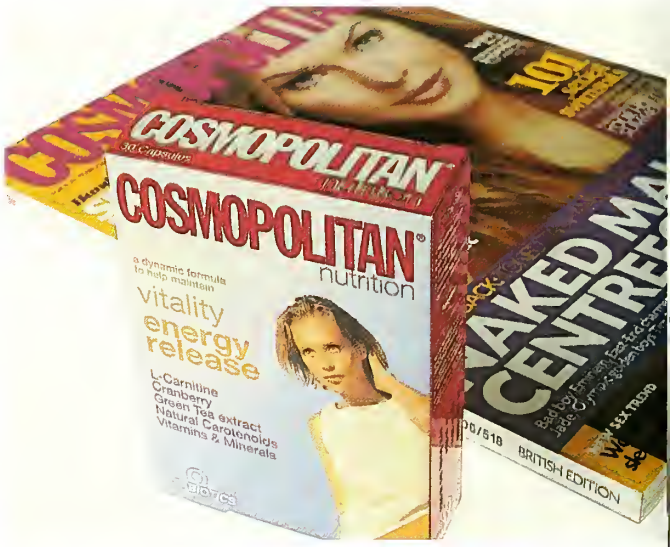


fucus, boldo, butternut and dandelion root

Adios herbal tablets contain natural ingredients which act on the body's metabolism, to help speed up weight loss.

ADIOS Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JL UK. **Directions:** Adults and elderly: Take one tablet three or four times a day at mealtimes, as part of a calorie controlled diet. **Indications:** A herbal remedy traditionally used as an aid to slimming. **Contra-indications:** Not to be taken by children under 16 years. Not to be used if allergic to any of the ingredients. Not to be used during pregnancy or lactation. Do not store above 25°C. **Legal Category:** GSL **Packs:** Adios (PL 17418/0005) - 100 tablets, RSP £9.95 (£8.47 exc.VAT).

Vitabiotics supplement targets younger VMS users



Vitabiotics has teamed up with *Cosmopolitan* magazine to launch a nutritional supplement for vitality and energy release. The magazine is seen as an ideal platform to encourage younger users into the VMS category.

Cosmopolitan Nutrition is formulated with 27 bio-active ingredients to help maintain a healthy immune system.

The capsules contain cranberry extract, and antioxidants in the form of green tea, vitamins C, E and bioflavonoids.

Ingredients also include vitamin B complex for release of energy from food, magnesium and vitamin B6 to help maintain the nervous system and regulate the body's metabolism.

The launch is being supported by a £700,000 poster campaign on the London Underground and press advertising in *Cosmopolitan* and other women's magazines.

Price: £7.50
Pack size: 30 capsules
Pip code: 020 8902 4466
Vitabiotics Ltd
Tel: 020 8902 4455.

Banana Boat aims high with new sprays

Playtex US is expanding the Banana Boat sun protection range for 2002.

New high factor sprays include a factor 48 spray lotion especially for kids and a factor 48 maximum sunblock spray lotion for adults.

Other additions are a factor 30 sunscreen stick for kids, which comes with a belt clip, and a factor 15 oil spray for tanning oil enthusiasts.

For more information:
Distributors: Trustin Unimerchants
Tel: 01353 661999.

Child's play at bathtime

The Kids-Zone children's toiletries brand is being extended with a new range of foam bath products.

Kids-Zone Fun Foam Bath is available in three fruity fragrances – Melon-Banana, Cherry-Almond and Tropical Fruit.

The product has a mild formulation with a pH balance that is suitable for young skin. It includes wheat extracts which moisturise the skin.

Packaging is in 1 litre primary coloured bottles. Trade outers of six products cost from £3.72 excl VAT, with extra discounts for volume.

Price: £0.99
Pack size: 1 litre
MPM Consumer Products
Tel: 0161 231 6111.

TV next week

Anadin Extra: All areas
Bassett's Soft & Chewy Vitamins: GMTV, C5, Sat
Benylin Active Response: GTV, STV, A, HTV, W, C4, Sat
Benylin cough range: All areas except U, CTV, TSW
Blistex: GMTV
Breathe Right mentholated nasal strips: All areas except GTV, CTV, LWT, C4 TSW
Covonia: GMTV, C5
Fybogel: GMTV, Sat
Gaviscon Tablets: All areas
Imodium: All areas
Just for Men: All areas
Kalms: GMTV, Sat
Lucozade: All areas except U, CTV, TSW
Meltus: All areas + Sat
Neutrataste: G, Y, A, M, LWT, TT, C4
NiQuitin Patch: All areas except U, CTV, TSW
Nivea Hand Age Defying Crème Q10: All areas
Olbas: C5, GMTV, Sat
Seabond Denture Fixtures: All areas
Senokot: All areas
Sensodyne Gentle Whitening: All areas except U, CTV, TSW
Sensodyne Total Care toothpaste: All areas
Seven Seas Cod Liver Oil: G, Y, A, M, LWT, TT, C4
Throaties Pastilles: GMTV
Venos: GMTV
Zovirax: C4, C5, Sat
PharmaSite for next week: NiQuitin – Window, **NiQuitin** – In-store, **Covonia** – Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

SCHERING

How we are informing women that Levonelle® is now available from the pharmacy

Since January last year, an emergency contraceptive Pill (Levonelle®) has been available to purchase from the pharmacy without a prescription. **(The same formulation is available on prescription as Levonelle®-2.)**

Its availability is now being communicated through advertisements in selected magazines, as well as other media such as posters and explanatory leaflets.

We always aim to keep health professionals as fully informed as possible about issues surrounding patients' treatment and if you require any further information please contact the Medical Information Department at Schering Health Care Ltd on 01444 465 840, e-mail: medicalinformation@schering.co.uk or phone the Levonelle helpline on 08456 035 035

Levonelle®

December 2001 A0111029(b)

Scriptlines

New urostomy pouches on DT

The Silhouette$_2$ Uro (two-piece urostomy pouch) range from CliniMed has been added to the Drug Tariff from January 1.

Included in the range is a 45mm hydrocolloid flange with starter hole.

Price: Pouch Clear and Beige £24.50, flange £12.21

Pack size: pouches 10 per box, flange 5 per box
Pip code: Clear 284-7564, Beige 284-7572, flange 45mm 284-7556
CliniMed Ltd
Tel: 01628 850100.

Periostat swap

CollaGenex is offering to swap discontinued Periostat (doxycycline 20mg) capsules for Periostat tablets.

The company will give two packs of 56 tablets for each bottle of 100 capsules returned. The company's distribution centre at McGregor Cory is handling the exchange.

For more information:
CollaGenex International
Tel: 01844 218989.

Frontshop

Lanes is Intune with digestion

Lanes is relaunching its inulin prebiotic food supplement which has been renamed Intune.

Intune tablets contain inulin from natural chicory roots. The product is formulated to help maintain a healthy balanced digestive system by encouraging good bacteria to develop in the gut.

New packaging is designed to be consumer-friendly, with clear definition of the product's benefits. An in-pack leaflet also helps to educate consumers.

New point of sale material is available to support the relaunch.

Intune will also feature an on-pack donation with the Digestive Disorders Foundation – the national UK charity that supports research and provides information on all forms of digestive disorders.

Lanes will donate 10p for every pack of Intune tablets purchased by retailers during 2002.

Price: £4.99

Pack size: 30 tablets
Pip code: 284-5709
G R Lane Health Products Ltd
Tel: 01452 524012.

Fybogel family on TV

Fybogel is appearing in a national TV advertising campaign for the first time this year.

Reckitt Benckiser is supporting the constipation brand with a £2 million campaign which will be on air in bursts over the next six months.

The advertising is being rolled out nationally following a successful regional campaign in the Granada and Yorkshire regions.

The commercial features "The Fybogel family" – a mother, father and their pregnant daughter, discussing the times they have suffered constipation.

It is designed to convey the message that Fybogel can treat constipation and help the sufferer to stay regular and healthy.

For more information:
Reckitt Benckiser Healthcare UK Ltd
Tel: 01482 326151.

Inbrief

Painex Caplets

Lagap Pharmaceuticals has launched Painex Caplets containing 450mg paracetamol, 5mg doxylamine succinate, 30mg caffeine and 10mg codeine phosphate.

Price: £2.19

Pack size: 32
Lagap Pharmaceuticals Ltd
Tel: 01420 478301.

Which Manor?

Talking Shop in last week's *C&D* (*p30*) featured Graham Phillips, director of Manor Pharmacy Group in Herts. It has no connection with the Manor Pharmacy group of 40 pharmacies in the East Midlands where the managing director is Philip Hoyle.

Sporting chance

Adams is supporting Halls Mentho-Lyptus Extra Strong variety with a £150,000 press campaign targeted at men over 40. The "Take a Deep Breath" campaign features a series of sporting and leisure scenarios.

For more information:
Adams
Tel: 02380 620500.

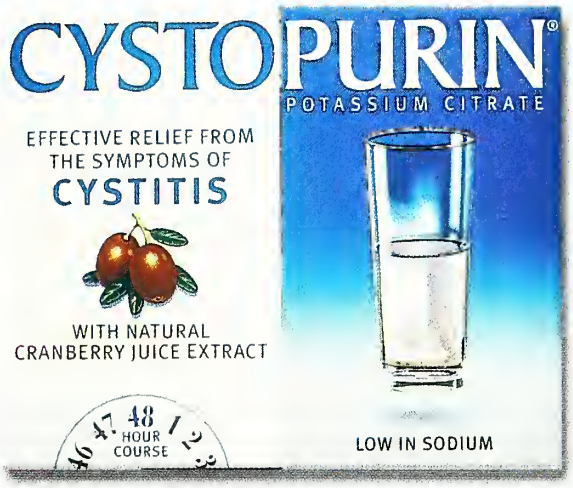
Winter tonic

Seven Seas is supporting the Adult Vitamin & Mineral Tonic with a "Pick-me-up to perk you up" promotional campaign during the next two months. Promotional offers in the national press and women's magazines are designed to raise awareness of the product's health and taste benefits and encourage trial.

For more information:
Seven Seas Ltd
Tel: 01482 375234.

Time to choose

OTC remedies for cystitis offer a choice between sodium or potassium citrates. Is there any advantage of one over the other?



Cystopurin – educational support is "key to growing the market"

Thornton & Ross offers both sodium citrate sachets and potassium citrate mixture in its Care range

Seven Seas Cranberry Forte Cranberry extract in a capsule is more potent and less calorific than sugary juices

Potassium and sodium citrate have been used for years to relieve symptoms of cystitis. In the absence of comparative studies, there seems to be no reason to choose one as more effective than the other.

Both make the urine more alkaline, easing discomfort and producing an environment that is less favourable for the bacteria that are responsible for about half all cases of cystitis.

Side effects, too, are fairly innocuous in the doses taken to relieve cystitis. The BNF lists the side effects of both salts as mild diuresis, with hyperkalaemia a possibility for potassium citrate at prolonged high doses. *The Electronic Medicines Compendium* and product literature list no side effects for Cymalon, Systemme and Canesten Oasis (sodium salt), while Effercitrate and Cystopurin (potassium salt) warn only against possible gastric irritation.So the decision rests with the individual patient and whether she is suffering from other conditions that preclude a high sodium or potassium intake or whether potassium would interfere with other medicines she is taking. The table below left gives a summary of the main factors to watch.

Although pregnancy is listed as a precaution, it is especially important for pregnant women not to ignore a urinary tract infection, as it can lead to high blood pressure or infections in the womb.

There is increasing evidence that cranberries can reduce the incidence of urinary tract infections. But the natural cranberry juice extract added to Cystopurin is for flavouring purposes and does not confer any added therapeutic benefit, although medical services manager Mary Whelan explains that this makes the product less acidic than lemon flavouring, which could be an advantage.

She puts another case for potassium: "Although the number of people on sodium-restricted diets is limited, in theory, most people eat too much salt and should be trying to cut down their sodium intake."

On balance, if used as directed – that is if the whole 48-hour course is completed and medical advice sought if symptoms recur – there seems to be little to choose between the two types of product.

Cranberries contain phytonutrients that prevent bacteria sticking to the cells lining the urinary tract and bladder, allowing them to be flushed out in the urine. Cranberry is listed in the US Pharmacopeia as effective in the prevention of urinary infections.

Seven Seas suggests that pharmacists should take advantage of linked purchases when recommending treatments for cystitis sufferers. Taking cranberries in capsule form avoids the high calories associated with those cranberry juices that tend to contain large amounts of sugar, as unsweetened cranberries are too tart to be palatable.

The cystitis remedy market is worth over £3.9 million and growing by 14 per cent a year.

Roche Consumer Health says these figures reinforce the fact that 50 per cent of women who regularly suffer from cystitis choose to visit their pharmacist for an OTC solution. Education on causes and treatment is the key to market growth, so the company is working closely with Wellbeing, the health research charity for women and babies, to build awareness of the condition.

Thornton & Ross offers both sodium citrate sachets and potassium citrate mixture in its Care range for cystitis. A counter dispenser containing six packs of Care Cystitis Relief and leaflets is available.

A training module, which forms part of a training package for pharmacy assistants, includes information on diagnosis, possible causes and treatment of cystitis.

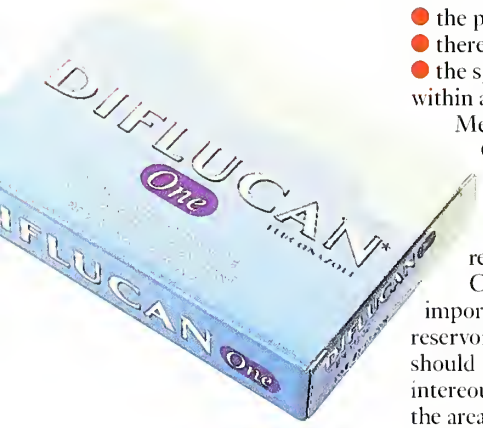
Factors to be aware of

	Avoid in (or consult doctor)
Sodium citrate	● People on low salt diets ● Pregnancy, breastfeeding ● Those with high blood pressure – heart disease – diabetes – kidney problems
Potassium citrate	● Pregnancy, breastfeeding ● Kidney problems ● Intestinal ulceration ● Increased risk of hyperkalaemia with ACE inhibitors and angiotensin II antagonists Cyclosporin Potassium-sparing diuretics Tacrolimus

Continued on page 38

Treating the partner

Now there are OTC treatments for balanitis, what advice should pharmacists give the male partners of women with thrush?



Diflucan One Packs are soon to be updated to take account of the new penile thrush indication

Penile thrush is much less common than vaginal thrush (about one-tenth the incidence), but prompt treatment is important, particularly in sexually active men.

Last year, fluconazole became licensed for Pharmacy sale for the treatment of balanitis. Towards the end of February, Diflucan One packs will be updated to reflect this new indication.

The main symptom of balanitis is inflammation, often visible as red spots, around the head of the penis (glans) and foreskin, which become itchy and sore.

If it is the first time the man has suffered from these symptoms and his partner has been diagnosed as having vaginal thrush, there should be no need for him to seek medical advice before taking Diflucan One. The product is licensed for "associated balanitis" and his partner should already have received the necessary primary diagnosis.

But referral is needed if:

- there is an abnormal discharge
- he has penile sores, ulcers or blisters
- the penis has started to smell
- there is pain on urinating
- the symptoms do not clear within a week of treatment.

Men should take Diflucan One at the onset of symptoms. It starts working within two hours and symptoms are usually relieved within 24 hours.

Cleanliness is of the utmost importance to eliminate reservoirs of infection. The man should wash thoroughly after intercourse, taking care to include the area under the foreskin, which provides an ideal environment for *Candida* to grow. Pfizer Consumer Healthcare will be providing customer literature to save pharmacists embarrassment when imparting this essential advice.

Conversely, women who are over-zealous with vaginal douches can upset the natural balance in the vagina and start an attack of thrush.

If vaginal thrush keeps returning after successful treatment, it may be that the woman's sexual partner is reinfecting her, even if the man is symptom-free. Recurrent vaginal thrush is usually classed as more than three attacks a year.

If a woman is getting recurrent attacks and is worried about her partner, even if he is not showing symptoms, the couple should consult a GP to determine the best course of action. Pfizer Consumer Healthcare recommends that women or men suffering from thrush more than twice in six months should consult a doctor in any case.

The website *www.thrushadvice.org* will be updated soon to include the treatment of balanitis. The company also sponsors the Thrush Advice Bureau (tel:020 7285 5520) and has booklets on thrush for pharmacy staff and consumers. There is likely to be poster advertising this year to raise awareness of Diflucan One as the only oral treatment for both men and women.

Bayer's Canesten Thrush Cream (2 per cent) can also be recommended for treating a male partner to prevent reinfection. If a woman complains of recurrent attacks, pharmacists can suggest that both she and her partner use the cream, whether or not the man has symptoms. Men tend to regard thrush as a female condition, but pharmacy staff are well placed to enlighten them, says Bayer Consumer Care.

A free booklet, offering tips to pharmacists on helping people feel at ease when discussing intimate conditions, can be obtained by sending an SAE to Embarrassment booklet (male), 4 Bedford Square, London WC1B 3RA, or asking the Bayer representative.

Sales of Canesten Thrush Cream grew by over 50 per cent in 2001, the company says.

Meanwhile, *in vitro* studies at the University of Western Australia have shown that Preevent, a vaginal gel containing 3 per cent tea tree oil, kills both the fungi responsible for candidiasis and the bacteria responsible for bacterial vaginosis. Some women may find antifungals ineffective because they are suffering from bacterial vaginosis, not candidiasis.

Professor Tom Riley and his colleagues have found that tea tree oil inhibits germ tube formation by *Candida albicans* and so might prevent the severe itching that results when this micro-organism invades the vaginal epithelium. The antiseptic does not affect the lactobacilli that help maintain a healthy vaginal ecosystem.

Although Preevent is not licensed as a medicine, Australian Bodycare promote it for maintaining the natural bacterial culture and moisture level in the vagina - believed to be important in preventing infections. Antibiotics can disturb the growth of lactobacilli, resulting in overgrowth of *Candida*.

Preevent is recommended for use a night, when the body can remain horizontal

Expect two years of pain in a lifetime

Women can spend up to two and a half years of their life blighted by period pain.

Research shows that up to four out of five women suffer, and the average sufferer experiences between one and two days of pain every month. Analgesics for period pain account for 12 per cent of the total analgesic market, according to Roche Consumer Health. The period pain analgesics sector is worth nearly £36 million and growing at just under 4 per cent.

However, many women treat the condition with a multipurpose analgesic that may not act against all the symptoms, says Richard Hollies, brand leader for Feminax.

Promotional activity this year will continue to highlight the brand's multi-action ingredients.

Crookes Healthcare's research shows that about 6 per cent of Nurofen consumers and about 10 per cent of Nurofen Plus consumers take the product specifically for period pain.

www.feminax.co.uk is an interactive site with lifestyle tips, as well as advice on treatment.

Help from herbs

The following are herbs traditionally used to combat women's ailments:

PMS

Chaste tree fruit
Vervain
Pulsatilla
Motherwort (sedative)
Juniper berry oil, parsley piert (diuretics)

Heavy menstrual bleeding

Wild yam root
Hawthorn berry

Painful periods

Black cohosh
Raspberry leaves

Menopausal symptoms

Black cohosh: may calm anxiety, lessen hot flushes
Cenestin (a blend of soy and yam phytoestrogens): may lessen hot flushes
Dang qui/dong quai: May reduce hot flushes, vaginal dryness, headaches, water retention
Ginseng: may reduce hot flushes, fatigue, irregular menstrual periods, poor concentration
Motherwort: sedative
Red clover: may relieve hot flushes
Valerian root, passionflower: may help restful sleep
Wild yam root: may relieve hot flushes

Information supplied by Potter's Herbal Medicines and G&G Foods Supplies.

Motherwort (Leonurus cardiaca)

PMS – sign of a p

Premenstrual syndrome could be a sign of nutritional deficiency, according to recent research

Dr Ann Walker, senior lecturer in human nutrition, University of Reading, has found that giving supplements of magnesium, in combination with calcium if necessary, can ease PMS symptoms within a couple of months. She goes as far to say that any woman who does not eat nuts, seeds, beans, or whole grains as part of her everyday diet is likely to be deficient in magnesium.

The mineral is a co-factor in over 300 enzymes and is present in bone, mitochondria, DNA and RNA. Magnesium is also involved in essential fatty acid metabolism, dopamine production and insulin secretion. In PMS, changes in the balance of brain neurotransmitters result in low dopamine levels which in turn give rise to high blood levels of prolactin, a hormone linked with stress.

Many enzymes in the body's energy pathways use magnesium, so a deficiency can lead to lack of vitality. Magnesium is needed for nerve to muscle signal transmission and muscle relaxation, so a deficiency results in cramps and muscle tension.

Other tell-tale signs of severe magnesium deficiency are heart palpitations, muscle twitching around the eye, wheezing, nausea and anorexia.

Dr Walker says that as many as 97 per cent of 15-18 year olds fail to reach their target reference nutrient intake of 300mg magnesium daily, and 72 per cent of 16-66 year old women take less than their RNI of 270mg. This is perhaps understandable, when to achieve these levels means eating, for example, over 100g of roasted almonds or more than two large tins of baked beans.

Dr Walker studied the effect of giving 200mg magnesium daily to 38 women with PMS in a randomised, double-blind placebo-controlled trial. The results, published in the *Journal of Women's Health* (*1998, vol 7, no 9, 1157-1165*), showed significant reduction in fluid retention symptoms in the group taking magnesium for two months but not in the first month. Another placebo-controlled study showed that 44 women experienced a reduction in mild premenstrual anxiety symptoms after taking magnesium 200mg daily combined with 50mg vitamin B6 for one month (*Journal of Women's Health, 200, vol 9, no 2, 131-139*).

Dr Walker recommends that women with PMS take 150-300mg a day of magnesium, preferably as the citrate or other organic acid salt, which is absorbed better than magnesium oxide.

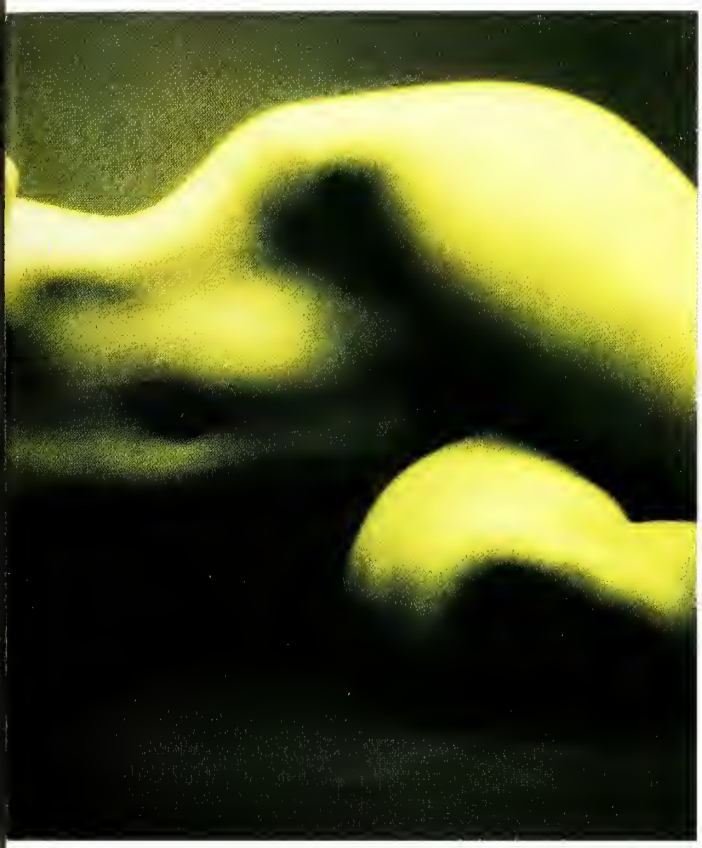
Research at Columbia University, USA, has shown that calcium, too, can be beneficial in PMS. Women taking 1.2g calcium daily over two menstrual cycles experienced significantly fewer food cravings, low mood, pain and fluid retention compared with those taking a placebo.

As with magnesium, there is evidence that many women fall below the RNI of 800mg calcium daily for 15-18 year olds and the 700mg daily needed by 19-50 year olds. This can be achieved by drinking the equivalent of one pint of milk a day. But women often avoid dairy products in the belief that they are fattening.

If calcium supplementation is needed this should be given in the ratio 2:1 magnesium. But people who eat large amounts of cheese – such as vegetarians – should avoid taking extra calcium as this can affect the magnesium balance.

The upper safe intake of magnesium is 700mg a day. Multivitamin/mineral and "A-Z" type formulations are unlikely to contain anything like the recommended amount of magnesium, so Dr Walker recommends taking an additional bone supplement containing the 2:1 balance of calcium and magnesium. One possible danger

"Giving supplements of magnesium, in combination with calcium if necessary, can ease PMS symptoms"



r diet?

n taking both types of supplement
s that bone formulas often contain
itamin D, so care must be taken
ot to exceed the upper safe levels.

Dr Walker is also investigating
ne role of flavonoids in the
reatment of premenstrual fluid
etention. Rich sources of these
ighly antioxidant phytochemicals
re grape seed, bilberries and
ranberries. Flavonoids seem to
elp repair the damage
esponsible for small blood vessel
ermeability that leads to oedema.
n a pilot study in 30 women, she
ound that giving 320mg flavonoids (as Colladeen, mainly grape seed oil) for four months had a marked effect on women with premenstrual "heavy leg" syndrome. A larger study is now involving a further 90 women.

The cramps associated with period pains, too, could indicate magnesium deficiency according to Dr Walker. Severe pain is a sign of inflammation, which might be helped by taking omega-3 fatty acids in the form of fish oils.

For more information about diet and PMS see C&D February 2 Pharmacy Update.

Menopausal women favour natural products

Over three-quarters of women would use a natural alternative product to treat menopausal symptoms if it had no side effects.

A survey carried out for G & G Food Supplies found that 79 per cent of nearly 100 women aged between 38 and 65 had suffered from menopausal or peri-menopausal symptoms. By far the most common was hot flushes (90 per cent) followed by mood swings (13 per cent), night sweats and fatigue (8 per cent each).

Nearly half had tried hormone replacement therapy, 17 per cent evening primrose oil, 14 per cent herbs and 4 per cent vitamins. One third had done nothing.

Only 9 per cent said they would not use a natural alternative that had no side effects; 76 per cent said they would, while 15 per cent answered "possibly".

Promising results in menopause trial

Between 50-80 per cent of women suffer from moderate to severe menopausal symptoms, but only a minority use long-term hormone replacement therapy, often because of fear of side effects.

Phytoestrogens seem to offer a promising alternative. But women need to eat a lot of tofu to receive the necessary amount of phytoestrogen, and several studies using commercial products extracted from soy have been disappointing. Industrial processing, including heating and extraction with ethanol, may explain the poor results as it destroys the active substances in soybean and tofu.

A recent study has suggested that Tofupill, which uses an enzymatic process to extract phytoestrogens, might offer an alternative as it has a high content of active substances.

A trial involving just over 100 healthy post-menopausal women found that those taking Tofupill for three months showed a statistically significant improvement in menopausal symptoms compared with those taking a placebo. Hot flushes decreased in 76 per cent of the treatment group compared with 19 per cent on the placebo.

Palpitations decreased in 77 per cent on Tofupill (17 per cent on placebo). Sleep disturbances decreased in 69 per cent (16 per cent on placebo) and nervousness in 56 per cent (14 per cent on placebo), while libido increased in 59 per cent (12 per cent on placebo).

The improvements were achieved without changing the serum sex hormone levels or endometrial thickness.

The results were presented to the World Congress of Gynecological Endocrinology in Hong Kong by Dr Boris Kaplan and staff at the Rabin Medical Center, Tel Aviv University.

Defeating the onward march of diabetes

Dr Mike Mead looks at the implications of the NSF for diabetes

The National Service Framework (NSF) for Diabetes will pose a major to challenge to medicine in this country, particularly in terms of healthcare resources. Diabetes affects about one in 40 of the population and its prevalence is expected to double within the next decade.

The Department of Health lists 12 standards on its NSF website (*www.doh.gov.uk/nsf/diabetes*)

Standard 1: prevention of type 2 diabetes.
This standard looks at key interventions known to reduce the incidence of type 2 diabetes, namely reducing the prevalence of obesity and increasing physical activity in our population. These interventions will require co-ordinated programmes based on primary care, including dieticians, pharmacists and other health professionals, to counsel and support patients in changing their lifestyles.

Standard 2: identification of people with diabetes.
Identifying the "missing million" diabetics will mean targeting people at particularly high risk, such as the obese, those with a family history of diabetes, women with gestational diabetes, those on steroid treatment and patients with existing cardiovascular disease. We will need to ensure patients are more aware of the symptoms and signs of diabetes, in order to identify patients earlier.

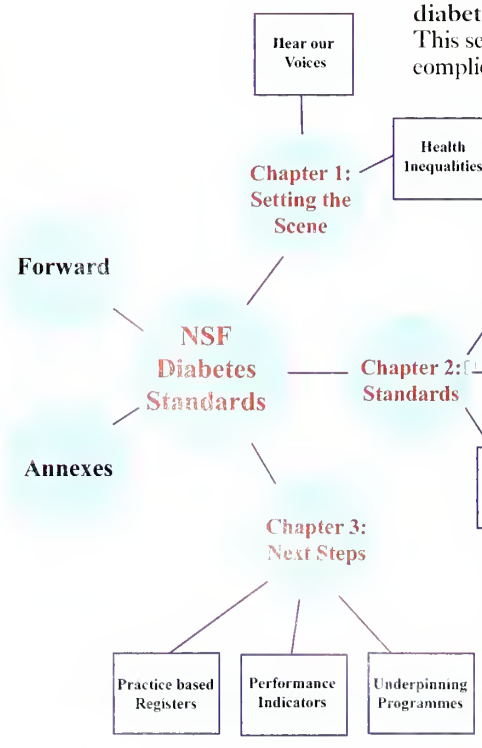
Standard 3: empowering people with diabetes.
This standard emphasises that managing diabetes is a partnership between patient and healthcare professionals and that patients should be involved more, through personal care plans and patient held/accessed records.

Standard 4: clinical care of adults with diabetes.
This sets out the targets for preventing complications, in terms of achieving good blood glucose control, controlling raised blood pressure, reducing cholesterol levels if raised, and discouraging smoking. The key interventions here will be:

- to reduce the HbA1c to normal (7 per cent or less)
- to achieve this in type 2 diabetes usually means diet, plus combination oral hypoglycaemic therapy. Within three years of diagnosis half of patients need combination therapy, that percentage increasing in time
- to reduce the blood pressure to 140/80mm Hg (or even lower if protcinuria is present).

The British Hypertension Society target of 140/80mm Hg for people with diabetes will mean that most will need more than one drug and about 30 per cent will require three or more drugs after nine years.

- to treat dyslipidaemia in diabetics *(see C&D Pharmacy Update, December 15, 2001)*.



The recent Heart Protection Study showed that statin treatment over a period of five years prevented major vascular events in 70 out of 1,000 diabetics treated. There is now a good case for most diabetics to be on a statin, irrespective of cholesterol levels. Achieving these targets will generate a huge increase in workload as we regularly monitor HbA1c, blood pressure and lipids in our diabetic patients.

As we are looking at combination therapy to reach HbA1c and blood pressure targets, and adding statin and aspirin to most diabetics' prescriptions, we are facing a spiralling drug cost for polypharmacy.

Standards 5 and 6: clinical care of children and young people with diabetes.
These standards reflect the need to ensure high quality care for young diabetics, including involving their families, and the need for smooth transition from paediatric to adult diabetes services.

Standard 7: diabetic emergencies.
This standard addresses the need to construct protocols for rapid and effective treatment of diabetic emergencies by appropriately trained healthcare professionals.

Standard 8: care during admission to hospital.
This standard aims to improve the quality of care for diabetic patients admitted to hospital, by means of better liaison between staff and patient, and development of management protocols.

Standard 9: diabetes and pregnancy.
This standard suggests policies for improving outcomes in pregnant women with diabetes.

Standards 10-12: detection and management of long-term complications.
These standards identify the need for long-term follow-up to detect complications, the need for protocols and systems of care to ensure those with complications receive appropriate investigation and treatment, and the need for all diabetics to receive multi-agency support. The primary care trusts will need to institute any NSF protocols for management, treatment and referral, and ensure practices construct registers to ensure that, once identified, people with diabetes are followed-up according to best NSF-led practice. Another PCT responsibility will be to develop specific services for patients with diabetes – such as retinopathy screening, foot clinics and prompt access to a dietician.

As a result of the NSF we will need:

- an increase in staff, particularly trained nurses
- more time with diabetic patients (that is, fewer patients per doctor)
- a public education campaign to identify more diabetics and ensure patients are better educated about their condition
- training of nurses and doctors, particularly in using combination therapy to treat hyperglycaemia and hypertension
- a considerable increase in prescribing budgets.

Waiting for the NSF for Diabetes is like waiting for a tidal wave – you know it is coming and will engulf you, but it's impossible to truly appreciate its implications until it arrives.

Platinum Design Awards

Your pharmacy could be one of the first to go Platinum with the new Platinum Pharmacy Design Awards. If you have designed, refitted or redeveloped part of a pharmacy between January 2000 and December 2001, you are eligible to enter the Awards, which are co-sponsored by Chemist & Druggist and Ceuta Healthcare. There is a luxury holiday for two and a prize fund of £5,000 to be won by pharmacies that reach the Platinum standard.

The professional world of the community pharmacist is changing faster than ever. So community pharmacies must be designed and fitted to the highest standards to reflect their role as centres of healthcare expertise. Whether it is a new consultation area, a redesigned dispensary, or complete shop refit, your pharmacy should show that you are prepared to meet the challenges of modern day practice. And if you think your refit could be up to Platinum standard, you will be in with a chance to win the holiday of your lifetime as well as a share of £5,000 prize money.

Excellence should apply to every pharmacy so the Awards are open to all, both independents and multiples. The entrant with the best new consultation area will win a luxury holiday for two. And there is a prize fund of £5,000 to be shared among the five finalists in the other two categories, which recognise either major refits or smaller projects.

A Platinum Award will be your mark of excellence and something that you can be proud of. So if you have just had, or are about to have, a refit and think it deserves Platinum status, go ahead and enter.

The categories

There are three categories in the Design Awards:

1. Newly opened pharmacy or a major refit involving all or a major part of the shop floor. The judges will be looking for shopfittings and a layout that is functional and sympathetic to the building and the nature of the pharmacy business. Emphasis will be placed on how successfully the refit creates a professional healthcare retailing environment within the constraints of the project budget.

2. Special feature or partial refit. This category recognises innovations in pharmacy design that are not a comprehensive refit. Examples include special dispensary features, new shop fronts and fascias, window designs, novel retail fixtures and so on.

3. Best consultation area. Anyone who has had either a new, or an improved consultation area fitted can enter this category. The winner will be jetting off on a luxury holiday.

The prizes

Prizes in each category will be:
Category 1: £2,000 for the winning pharmacy, with £1,000 for the runner-up, and winner's plaques for both.
Category 2: £1,000 for the winning pharmacy with £500 for the two runners-up, and winner's plaques for all three.
Category 3: A luxury holiday for two for the winning entry.

How to enter

Entrants must describe in no more than 700 words the principle objectives of the work undertaken, how they were achieved, and the impact on the business.
The following information could all usefully be included in your submission:

- the timetable and programme of work in carrying through the project
- the budget and how the refit was costed
- evidence of what the shopfit / special feature has delivered to the pharmacy in terms of customer satisfaction, enhanced professionalism and increased turnover
- before and after photographs and architects' drawings to illustrate the shopfit or special feature.

Eligibility

Entrants can include:

- pharmacy proprietors
- pharmacy managers
- head office (for multiples)
- shop designers or planners

(pharmacy managers should obtain the consent of their head office or the owner before submitting an entry. Shop fitters/designers should seek the consent of the party who commissioned the work.)

The rules

Work must have taken place between January 1, 2000, and December 31, 2001.
Entries must be printed or typewritten on A4 paper.
Entry forms are available from Jan Powis at Chemist & Druggist (tel: 01732 377487), Ceuta Healthcare (tel: 01202 780558) and Ceuta sales representatives
Entries should be sent to 'Platinum Pharmacy Design Awards, Chemist & Druggist, CMP Information Ltd, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.
The closing date for entries is February 1, 2002.
The winners will be invited to an Awards luncheon, and the results announced in Chemist & Druggist before April 30, 2002.
Chemist & Druggist retains the right to publish details of any of the entries submitted.

CEUTA HEALTHCARE GROUP of COMPANIES

In the first of a series of articles on Health & Safety, Andrea Turner, Lloydspharmacy's business unit manager for training and development, and Phil Robinson, Gehe UK's safety and environmental manager, explain the key regulations

Be safe, r

Health & Safety legislation has been in place for many years, starting in 1963 with the Offices, Shops & Railways Act, then followed by the more general Health & Safety at Work Act in 1974. More recently, we have seen the introduction of numerous laws, guidance and regulations which encompass all aspects of industry and commerce as part of EU Directives.

A pharmacy, like any other retail outlet, comes under much of this legislation.

Health & Safety at Work Aet 1974

The main law covering the UK is a general piece of legislation which places the overall "duty of care" on the employer to:

- provide a safe and healthy working environment for staff and visitors
- provide safety equipment
- provide where required, safety equipment, ie goggles, masks etc, to staff at no cost
- provide adequate training and information to staff.

There are also more specific requirements in this Act. The pharmacy must:

- display an employer's liability insurance certificate together with the approved Health & Safety Law poster
- draft and display a Health & Safety Policy Statement (for businesses with five or more staff)
- record accidents and report them to the appropriate authority.

COSHH (Control of Substances Hazardous to Health 1999)

First introduced in 1989, this was one of the first regulations which required employers to conduct risk assessments or assess the risk to staff concerning the use of hazardous materials.

As most pharmacies move away from extemporaneous dispensing, this will apply mainly to spillages and accidental ingestion/skin contact. However, this does cover all materials in use in the pharmacy, and cleaning materials, etc, need to be assessed.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrenees 1995)

Certain occurrences or injuries have, by law, to be reported to the enforcing authority. The most common "reportable accident" occurs when a member of staff is absent from work for more than three days as a result of the accident. This must be reported using the appropriate F2508 form.

More serious accidents to staff or customers must be reported by telephone to the enforcing authority.

Health & Safety (First Aid) Regulations 1981

These regulations cover first aid arrangements at work. Many small pharmacies cannot be expected to have a qualified first aider on site, although as a minimum requirement they must have an appointed person who will take charge when there is an injury situation .

Although stocking and selling a comprehensive range of first aid products, a pharmacy will still be required to have a dedicated, fully stocked, first aid kit as listed in the First Aid Regulations.

Manual Handling Regulations 1992

Introduced from Europe, these regulations attempt to deal with the escalating cost to industry and commerce associated with injuries caused by manual handling, i.e. lifting boxes in the stockroom and unloading deliveries.

The regulations call for an assessment of these activities and a review of reducing the risk of injury. They do not outlaw physical lifting or movement of products.

To avoid unnecessary injury th risks of manual handling must first be assessed as detailed belov

- try to avoid where possible, th need for manual handling
- assess the risk of any manual handling that cannot be avoided
- reduce the risk of injury as far as possible.

DSE (Display Sereen Equipment Regulations 1992)

The use of computers, particularly the VDUs, has introduced a new occupational hazard to the workplace.

As with all new legislation, the employer must assess the risks and establish if the employee is a "essential user". This does not focus exclusively on the length o time in front of the screen but takes into account other factors, speed of work, and ability to var work patterns.

If the employee is assessed as an essential user, they are legally entitled to a free eye test and glasses, provided they are for VDU work.

The law places an overall "duty of care" on the employer to provide safety equipment and adequate training and information for staff, but try not to get bogged down in the beauracracy

t sorry

lanagement of Health & afety at Work Regulations 992

upporting the 1974 Act, this egulation focuses on safety anagement – endorsing the role f the employer in their esponsibility for health & safety nd calls for risk assessment on all spects of work.

Two guidance notes have been sued supporting this regulation specific areas which impact on ost pharmacies – concerning ew and expectant workers and oung employees.

Specific assessments must be ade of workers who fall into this ategory.

Vorkplace (Health & Safety) egulations 1992

eplacing much of the Offices, hops and Railways Act, this is a ore specific regulation covering ractical issues such as minimum orking temperatures, washing cilities etc.

PE (Personal Protective quipment) Regulations 1992

s part of a general or COSHH ssessment, it may have been lentified that the risk of injury ould be reduced or eliminated by e use of PPE, i.e. safety shocs issued for working in the stockroom or a dust mask for mixing powders or volatile liquids.

It should be said that the regulations state PPE should be used as a "last resort", where it is not practical or cost effective to use an alternative control.

These regulations call for an assessment on the equipment to ensure it is suitable. Issuing a paper dust mask may be inappropriate for use with a solvent as the fumes could pass through the paper membrane and affect the employee.

Provision and Use of Work Equipment Regulations 1998

Although aimed more at the manufacturing and industrial sectors, this applies to pharmacies with equipment such as floor cleaners or portable heaters.

The regulations require the employer to ensure the equipment is safe and suitable for the task and that staff are trained to use it correctly.

Electricity at Work Act 1990

Not surprisingly, this Act covers the use of electricity at work and places a legal duty on employers to maintain electrical equipment. For a pharmacy this would apply to the hardwired mains electric supply in the shop and portable appliances, ie anything with a plug.

Both have to be inspected at regular intervals by a qualified electrician.

Fire Precautions (Workplace) Regulations 1999

Formerly, the original Act in 1971 focused on larger premises and included the issue of "fire certificates" obtained from local fire services.

In line with new management systems and a reflection of the lack of resources in the fire services, the obligation to conduct a fire risk assessment on the premises is now placed on the employer and applies to all premises.

Enforcement

The main theme through all the regulations detailed, as far as they affect pharmacies, is the need to assess the risks and take appropriate steps to reduce them.

Often, this will be addressed by providing staff training, linking back to the general obligation to provide a safe place of work, safe equipment and trained staff.

Not only does this comply with the law, it helps to avoid costly accidents causing injury to staff and customers, or damage to stock.

The regulations are enforced by the local authority or council with the exception of the fire regulations, which are still enforced by the fire services.

These organisations will have an Environmental Health Department with qualified inspectors who carry out routine visits to premises in their area, or investigate reportable accidents. The inspectors have a wide range of powers, including the ability to legally request improvements to your pharmacy or, in extreme circumstances, close the premises.

They can also bring criminal prosecutions against employers who do not comply with the law.

Pharmacies fall into a "low risk" category and as such will only receive a visit on average every three years, although a reportable accident or complaint will prompt a visit.

To demonstrate you have complied with the safety regulations you will need to keep written records of risk assessments, accident reports and staff training.

Health & Safety must not be viewed as simply complying with the law; it is an integral part of running a retail pharmacy. Promoting safety awareness with your staff will keep them and your customers safe.

This series is based on a new Health and Safety training programme issued by Lloydspharmacy

Health calendar 2002

Bug Busting Day
January 31
Tel: 020 7686 4321
www.nits.net/bugbusting

Raynaud's & Scleroderma Awareness Month
February 1 to 28
Tel: 01270 872776
www.raynauds.demon.co.uk

Eating Disorders Awareness Week
February 3-9
Tel: 01603 621414
www.edauk.com

Contraceptive Awareness Week
February 11 to 16
Tel: 020 7923 5201
www.fpa.org.uk

National Impotence Day
February 14
Tel: 020 8516 7724
www.impotence.org.uk

Daffodil Day (Marie Curie Cancer Care)
March 9
Tel: 020 7599 7777
www.mariecurie.org.uk

National Cystic Fibrosis Week
March 9 -17
Tel: 020 8464 7211
www.cftrust.org.uk

Brain Injury Awareness Week
March 11 -17
Tel: 020 7793 5098
www.headway.org.uk

No Smoking Day
March 13
Tel: 020 7916 8070
www.nosmokingday.org.uk

Prostate Cancer Awareness Week
March 26 to April 1
Tel: 020 8222 7622
www.prostate-cancer.org.uk

Mental Health Action Week
March 31 to April 7
Tel: 020 7535 7400
www.mentalhealth.org.uk

National Bowel Cancer Awareness Month
April
Tel: 020 7381 9711
www.coloncancer.org.uk

National Depression Week
April 1 to 7
Tel: 020 7207 3293
www.depressionalliance.org.uk

World Health Day
April 7
Tel: 020 7633 0557
www.un.org

PSP (Progressive Supranuclear Palsy) Magnolia Day
April 8
Tel: 01327 860299
www.pspeur.org

Parkinson's Awareness Week
April 8-14
Tel: 020 7233 8080
www.parkinsons.org.uk

National MS Week
April 14 to 21
Tel: 020 8438 0700
www.mssociety.org.uk

Arthritis Care Week
April 21 to 29
Tel: 020 7916 1502
www.arthritiscare.org.uk

World Asthma Day
May 7
Tel: 020 7226 2260
www.asthma.org.uk

Autism Awareness Week
May 12-19
Tel: 020 7903 3593
www.nas.org.uk

National Allergy Week
May 14-18
Tel: 020 8303 8525
www.allergyfoundation.com

National Smile Week
May 13 to 19
Tel: 0870 770 4014
www.dentalhealth.org.uk

Psoriasis Awareness Week
May 18-25
Tel: 01604 711129

Epilepsy Week
May 18 to 25
Tel: 01494 601300
www.epilepsynse.org.uk

World No-Tobacco Day
May 31
Tel: 020 7630 1981
www.un.org

Everyman Male Cancer Awareness Month
June
Tel: 020 7970 6030
www.icr.ac.uk/everyman

National Osteoporosis Month
June
Tel: 01761 471771
www.nos.org.uk

Stillbirth and Neonatal Death Society Awareness Week (SANDS)
June 2-8
Tel: 020 7436 7940
www.uk-sands.org

National Tampon Alert Day
June 8
Tel: 0161 748 3123
www.tamponalert.org.uk

British Heart Week
June 8-15
Tel: 020 7935 0185
www.bhf.org.uk

National Diabetes Week
June 9-15
Tel: 020 7323 1531
www.diabetes.org.uk

For Relief of Glaucoma (FROG) National Awareness Week
June 10-18
Tel: 020 7737 3265
www.iga.org.uk

Sickle Cell Awareness Day
July 4
Tel: 020 8961 7795
www.sicklecellsociety.org

Alzheimer's Awareness Week
July 7-13
Tel: 020 7306 0606
www.alzheimers.org.uk

Sexual Health Week
August 5-11
Tel: 020 7923 5201
www.fpa.org.uk

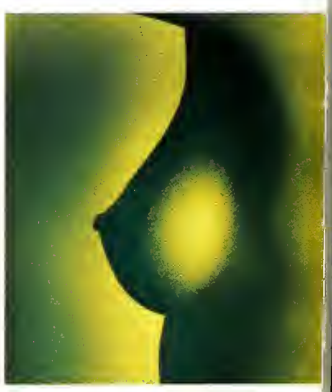
Migraine Awareness Week
September 1-8
Tel: 01536 461333
www.migraine.org.uk

British Cardiac Patients Association Awareness Day
September 8
Tel: 020 8289 5591
www.bcpa.co.uk

National Eczema Week
September 22-29
Tel: 0870 241 3604
www.eczema.org

Stroke Awareness Week
September 29 - October 5
Tel: 020 7566 0319
www.stroke.org.uk

Breast Cancer Awareness Month
October
Tel: 020 7384 2984
www.breastcancercare.org.uk



Lupus Awareness Month
October
Tel: 01708 731251

Europe Against Cancer Week
October 8-14
Tel: 020 7269 3043

Bug Busting Day
October 31
Tel: 020 7686 4321
www.nits.net/bugbusting

World AIDS Day
December 1
Tel: 020 7814 6767
www.worldaidsday.org

Classified ads

Appointments £27.00 P.S.C.C. + VAT minimum 3x1.
General classified £18.00 P.S.C.C. + VAT minimum 3x2.
Box Numbers £15.00 extra. Available on request. Copy date 12 noon Tuesday prior to Saturday publication. Cancellation deadline 10am Friday; one week prior to insertion date. All cancellations must be in writing.
Contact Debra Thackeray. Chemist & Druggist (Classified), CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW. Telephone 01732 377493, Fax: 01732 377179. Internet: http://www.dotpharmacy.co.uk

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Reply to Business Manager, Nutraceuticals Limited, 16 Eastbourne Road, Hornsea, East Yorkshire HU18 1QS

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Required for friendly, busy, newly refurbished pharmacy, in W10 (North Kensington). Salary suited to experience. Computer skills an advantage. Please send your C.V. to:

Shailesh Thakrar at
My Pharmacy Ltd,
10 North Pole Road, London W10 6QL
Telephone: 020 8969 1465

Northampton

EXPERIENCED DISPENSING ASSISTANT

Required for busy community pharmacy.

Monday-Friday 9-6 and Saturday 8.30-12 on rota basis.

Contact: **Tracy Winkworth**
01604 760033

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Call Tony Hough on 020 8689 2255 ext 221, or mobile 07740 878836. All enquiries treated in strictest confidence.

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email: DayLewis@aol.com Fax: 020 8689 0076
www.daylewisplc.com http://www.daylewisplc.com

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NORTH WEST ENGLAND

Independent chain wishes to acquire Single Pharmacy or small Group.
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Gary Sawbridge
Tel: 0151 494 2122 or 0780 1231615 (Mobile)
David Turner
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Tel: 01483 598483

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CODE	PRODUCT	PK SIZE	PRICE	QTY REQD
2SIM2S	LINCTUS SIMPLE BP	2LTR	2.34**	
2SIMP2	LINCTUS SIMPLE PEAD	2LTR	2.49**	
2PHO2S	LINCTUS PHOLCODEINE	2LTR	3.75**	
2PHOF2	LINCTUS PHOLCODEINE FORTE	2LTR	5.99**	
2COD2S	LINCTUS CODEINE BP	2LTR	5.80**	
2SUSPAR11	PARACET SUSP 120MG** PURPLE	1LTR	3.90**	
2PAR21	PARACET SUSP 250MG** ORANGE	1LTR	4.10**	
2PAR2	PARACETAMOL PAED ELIX 120MG	2LTR	5.40**	
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Premjact® and **STUD 100®** reduce sensitivity - they quickly help to delay ejaculation in cases of over-rapid or premature ejaculation.
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We specialise in dealing with retail chemists.

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- Planning for the future sale of their businesses. The worst scenario should be a 10% tax liability, the best no tax liability.
- Reducing tax liabilities by 50% annually by restructuring the business from a sole trader to company.
  Average tax saving at least £8,000 p.a.
- Setting up offshore companies and trusts which allow our clients to accumulate vast amounts of wealth totally tax free.
- Setting up employee benefit trusts, allowing companies to obtain a full tax deduction for payments made.
  e.g. payment of £50,000 can reduce tax liability by about £10,000.

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Accountants and Tax Consultants
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Ple@se e-mail your stories to chemdrug@cmpinformation.com

Telling tales of navel engagements...

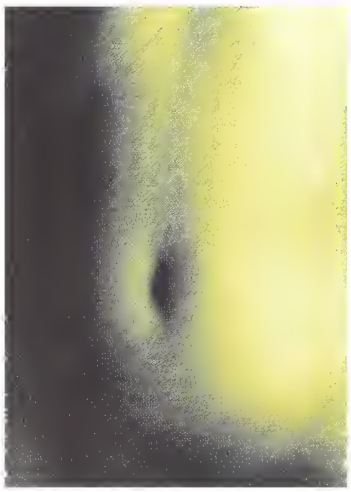
We all know how useful the internet can be for chasing up medical research and surveys, but this one is essential reading for all pharmacists: *Belly Button Lint – the Hole Story*.

This is not a topic that pharmacy students cover, but maybe the new Masters course will include these interesting facts.

According to Dr Karl's survey of 4,800 Australians, you're more likely to have belly button lint (fluff) if you're male, older, hairy and have an "innie" as opposed to an "outie". Erghhh! Also:

- you get more BBL as you get older
- more men have BBL than women
- skin type does not affect BBL
- BBL appears to be related to hairiness
- anecdotal evidence suggests that navel rings dramatically reduce BBl or even remove it altogether.

You can find out more at the address below including the taste (yuk) and the best place to buy belly button cleaners.



For more information:
www.abc.net.au/science/k2/lint/default.htm

No lint lurking in this smoothly-contoured navel by the look of it, but if you are an older male with a tendency to hairiness, you may need to do a bit of excavating

The right prescription

Stamp

Name
The occupier

Endorsement | Treatment details N.B. Ensure dose stated | TC | Pricing Details

Symptoms
Tiredness, listlessness, boredom, pallid complexion, runny nose, irritability, aches & pains, stress, lethargy, anxiety, debility, shivers, loss of concentration. Downright misery.

Treatment Quantity & Type
HOLIDAY 14 days
Recommended dose: To be taken at least once a year
Somewhere warm and sunny
Repeat as necessary.

Signature of Doctor

Date
Jan 2002

Number of prescriptions on form
1

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- REGULAR DOSES OF SOOTHING SUMMER SUN to be taken.
- WARMING WINTER SUN. Apply liberally.
- Supplement with EXHILARATING SKI TRIPS or STRESS-BUSTING SHORT BREAK HOLIDAYS.
- Book for A HUGE UPLIFT IN MORALE.
- BEAT THE WINTER BLUES

The most authentic item about this advert for the travel agents is the completely illegible signature. When will the NHS (that's the real National HEALTH Service) realise what a good idea it is to include diagnosis and symptoms on a prescription.

For more information:
www.thomascook.com

A rose by any other name...

Photo courtesy of Peter Beales Roses

As with roses, so with medicines. Philip Paul, previously a public relations manager at the Royal Pharmaceutical Society, emphasises this point in a poem about pharmacists he has penned to herald the start of the new year.

A thought for 2002...

Beneath the special green cross sign
The caring savant stands,
Sound knowledge lining lofty brow,
Real succour in the hands

From all around the sufferers ask
The aid of this true saviour,
Confident that here are found
High standards of behaviour.

Some folk still call them chemists, which
In a way, they are,
But times have changed and there's a name
More accurate by far.

Outdated tags are swept away
And vanish in the mists;
These people who so nobly serve
Are Britain's pharmacists.

The odour of the rose, 'tis said,
Would not be changed by label,
But using right nomenclature
Identifies the able.

This week 1952

According to a letter published in *C&D* 50 years ago, one of the best and most profitable resolutions to keep is to "read and re-read carefully each page of the *C&D* each week".

Identified only as "DJ", the anonymous letter writer continues:

"What a lot of valuable information we will absorb! Price changes, business tips, markets and trends of the times are only a few. Possibly the best of all is the sharing and pooling of ideas – never in the history of pharmaceutical practice has the motto 'be prepared' been of greater importance to our craft."

Bellevue Pharmacy on Wandsworth Common, London, is the winner of the independent pharmacy category announced in February's Zest For Life awards. Readers of *Zest* magazine love the services offered at Jacques Gholam's (pictured) pharmacy. These include Reiki – the Japanese massage technique. Boots the Chemist is the winner of the multiple pharmacy category, while Lloydspharmacy and Superdrug made the shortlist. The awards are given for services that make a difference to the wellbeing of young women in the UK

Pharmacyupdate

your CPD portfolio

Register with **Pharmacy**update by February 16 and use its telephone marking system at last year's price of just £20.00. Pharmaeyupdate is accredited by the College of Pharmacy Practice and provides more than the Royal Pharmaceutical Society's recommended 30 hours of annual continuing professional development.

Articles appear week by week in *C&D* and you can test your understanding using the monthly question papers. If you register with Update you will also receive a bi-annual accreditation letter. If you miss an article, the entire archive of accredited features is posted on *C&D*'s website at *www.dotpharmacy.com*.

Northern Ireland pharmacists enrolling for Update before the end of February will have their registration fee paid by the NI Centre for Pharmacy Postgraduate Education and Training.

Just complete the coupon and send it with a cheque for £20.00 (£17.02 + VAT). Alternatively, call Mary Prebble on 01732 377269 with your credit card details. This will register you for 12 months' worth of certificated marking. After February 16, the standard registration fee for Update will be £25.00.

For further information, contact Mary Prebble on 01732 377269.

Pharmacyupdate is supported by **Genus Pharmaceuticals**

GENUS PHARMACEUTICALS

Please register me with Pharmacyupdate for 2002. I enclose a cheque for £20.00, made payable to CMP Information Ltd.

Name

Address

Postcode

Daytime telephone number

Tick this box if you are from Northern Ireland and registering under the NICCPET scheme ☐

Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

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YARIBA Trademark and Product Licence held by Diomed Herbals, Hitchin, Herts, SG4 7QR, UK. Distributed by DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JJ, UK. **Directions:** Take one or two tablets three times a day. Not recommended for children under 14. **Indications:** A traditional herbal remedy used as a pick-me-up in temporary tiredness. **Contra-indications:** Not to be used in cases of sensitivity to any of the ingredients. Not to be used during pregnancy or lactation. **Precautions:** Keep out of the reach and sight of children. **Legal Category:** GSL **Packs:** Yariba (PL 17418/0012) - 50 tablets, RSP £4.95 (£4.21 exc.VAT).